2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2007 08:00 AM DOCUMENT # P03000134175 **Secretary of State** CHUCK FARRELL'S AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 39475 CR 25 39475 CR 25 LADY LAKE, FL 32159 LADY LAKE, FL 32159 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2416021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FARRELL, CHARLES DO NOT WRITE 39475 CR 25 LADY LAKE, FL 32159 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IIILE PSD FARRELL, CHARLES NAME. STREET ADDRESS 39475 CR 25 CITY-ST-ZIP LADY LAKE, FL 32159 TITLE U00000616288 02/07/07-80019-025 150.00 HALS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP HILE MAME STREET ADDRESS CTY-ST-ZP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplicmental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach report with an address, with all other like employered.

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

07(35)516-0192

FILED