



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 025 ***150.00

DOCUMENT # P03000137897 1. Entity Name COASTAL HEATING & AIR OF WEST FLORIDA, INC.					
Principal Place of Business 8151 WOODEN DR SPRING HILL, FL 34606			Mailing Address 8151 WOODEN DR SPRING HILL, FL 34606		
2. Principal Place of Business - No P.O. Box # 1160 PONCE DE LEON BLVD		3. Mailing Address 1160 PONCE DE LEON BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL		4. FEI Number 56-2417009	
Zip 34601		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSARES, RODNEY J 8151 WOODEN DR SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1160 PONCE DE LEON BLVD. City BROOKSVILLE FL Zip Code 34601			
8. 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  DATE X 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KOSARES, RODNEY J 8151 WOODEN DR SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSARES, KAREN L 8151 WOODEN DR SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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 supplemental 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.			SIGNATURE:  RODNEY KOSARES X 4-30-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40099802



02082007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
1160 PONCE DE LEON BLVD.
City BROOKSVILLE FL Zip Code 34601

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

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