


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90024 040 ***150.00

DOCUMENT # P03000142789	
1. Entity Name COASTAL SERVICE AIR CONDITIONING & HEATING, INC.	

Principal Place of Business 1110 GARRISON AVENUE PORT ST. JOE, FL 32456 US	Mailing Address 1110 GARRISON AVENUE PORT ST. JOE, FL 32456 US
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40113201



08112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 603 GARRISON AVENUE Suite, Apt. #, etc.	3. Mailing Address 603 GARRISON AVENUE Suite, Apt. #, etc.
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City & State PORT ST JOE, FLORIDA	City & State PORT ST JOE, FLORIDA
Zip 32456	Zip 32456
Country US	Country

4. FEI Number 68-0574159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCROAN, PHILLIP G 1904 FOREST PARK AVENUE PORT ST. JOE, FL 32456	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 603 GARRISON AVENUE	
City PORT ST JOE	FL Zip Code 32456

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCROAN, PHILLIP G 1904 FOREST PARK AVENUE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEWIS, CURTIS E 243 AVENUE C PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T MCCROAN, KAREN 1904 FOREST PARK AVENUE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 603 GARRISON AVENUE PORT ST JOE, FLORIDA 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 114 ROYAL ST. PORT ST JOE, FLORIDA 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 603 GARRISON AVENUE PORT ST JOE, FLORIDA 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Phillip G. McCroan 8-11-08 850-229-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #