2005 FOR PROFIT CORPORATION

Feb 24, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000144815 02-24-2005 90034 008 ***150.00 1. Entity Name STOVALL AIR CONDITIONING, INC. Principal Place of Business Mailing Address 6557 OLD PASCO RD. 6557 OLD PASCO RD. WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0803358 Not Applicable COUNTS A Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required and Miles of New Registered Agent 6. Name and Address of Current Registered Agent DAING, CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent sig 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE STOVALL, ROGER D SR. NAME NAME 6557 OLD PASCO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL, FL 33544 Defete TITLE ☐ Change Addition NAME STOVALL, TERESA L NAME 6557 OLD PASCO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL, FL 33544 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RECTOR

FILED