## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

## **FILED** Apr 09, 2007 08:00 AM Secretary of State DOCUMENT # P03000145845 1. Entity Namo A B HEATING & A/C, INC. Principal Place of Business Mailing Address 5230 CHRISTIANCY AVE PORT ORANGE FL 32127 5230 CHRISTIANCY AVE PORT ORANGE FL 32127 2. Principal Place of Business - No P.O. Box # 3. Maifing Address Suito, Apt. #, etc. Suite; Apl. #, etc. -- - -- 1st.MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 86-1089765 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BOLT, ARTHUR C 5230 CHRISTIANCY ST. Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition BOLT, ARTHUR C NAME. NAME U00000695902 04/17/07-80078-020 150.00 5230 CHRISTIANCY ST. STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32127 CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Delete TITLE ☐ Change Addition MAKAL MAME. . .. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP IIILE ☐ Defete DICE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP IIRE ☐ Delete HILLE ■ Addition ☐ Change NAME NAMC STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP HILE Delete 1011 ☐ Change Addillion NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 Statutos, and that my name appears in Block 10 or Block 11

4-5-07