


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 032 ***158.75

DOCUMENT # P03000146886 1. Entity Name TIM'S AIR CONDITIONING & HEATING, INC.			
Principal Place of Business 5850 ENGLISH OAK LANE NAPLES, FL 34119		Mailing Address 5850 ENGLISH OAK LANE NAPLES, FL 34119	
2. Principal Place of Business - No P.O. Box # 5850 English Oaks Ln.		3. Mailing Address 5850 English Oaks Ln.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL		City & State Naples, FL	
Zip 34119		Zip 34119	
Country Collier		Country Collier	
4. FEI Number 56-2428494 300249453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, TIMOTHY 5850 ENGLISH OAKS NAPLES, FL 34119-1332		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5850 English Oaks Lane City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PVST	NAME LEE, TIMOTHY	<input type="checkbox"/> Delete	
STREET ADDRESS 5850 ENGLISH OAKS LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAPLES, FL 341191332			
TITLE D	NAME LEE, TIMOTHY	<input type="checkbox"/> Delete	
STREET ADDRESS 5850 ENGLISH OAKS LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAPLES, FL 341191332			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: <i>Timothy Lee</i>		Timothy Lee	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-20-08 Daytime Phone #	