2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # P03000150646 02-06-2006 90071 029 ***150.00 1. Entity Name LAKE COUNTY AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 3117 KURT STREET 3117 KURT STREET EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 42-1615526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition Hritzik, Michael Tr. NAME HRITZIK, MICHAEL JR. NAME 10324 GazHield Rd. STREET ADDRESS P.O. BOX 895237 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34789 CITY-ST-ZIP Leesburg, FL 34789 TITLE Change ☐ Delete TITLE ☐ Addition Hritzik, Michael III 10402 Barrington Ct. HRITZIK, MICHAEL III NAME STREET ADDRESS 1112 W MAIN ST, UNIT G-6 STREET ADDRESS CITY-ST-7IP LEESBURG FL 34748 CJTY - ST- 7/P TITLE ☐ Celete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED