2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2008 8:00 am Secretary of State **DOCUMENT # P03000150646** 02-12-2008 90012 039 \*\*\*150.00 LAKE COUNTY AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 3117 KURT STREET EUSTIS FL 32726 3117 KURT STREET EUSTIS FL 32726 US 3. Mailing Address 3117 Kurt St. 2. Principal Place of Business - No P.O. Box # 3117 Kurt St. Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State Eustr's, FL City & State 4. FEI Number Applied For 42-1615526 Eustis, Not Applicable Country U.S.A. Ζip Country \$8.75 Additional 5. Certificate of Status Desired 32726 U.S.A. 32126 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Zip Code FI 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 Synature, upped or critical tiener of registroid abent and life 4 application. (NOTE Recistored Acord signature required when reportation) DATE FILE NOW!!! FEE:IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE Change Detete ☐ Addition Hritzik, Michael Jr. NAME HRITZIK, MICHAEL JR. NAME 10374 Gastfield Rd. STREET ADDRESS 10374 GARFIELD RD STREET ADDRESS Leesburg, FL 34789 LEESBURG FL 34789 CITY-ST-ZIP CITY-ST-ZIP DV TITLE ☐ Delete TITLE ☐ Change Addition HRITZIK, MICHAEL III NAME NAME 10402 BARRINGTON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE ☐ Change Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deicte TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OffY-ST-ZIP

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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 suppliermental 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.