

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000154831**

**1. Entity Name**  
**BALSAM'S AIR CONDITIONING, INC.**



**Principal Place of Business**  
**5805 SHANNON AVE**  
**FORT PIERCE, FL 34951**

**Mailing Address**  
**5805 SHANNON AVE**  
**FORT PIERCE, FL 34951**



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-0869581**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BALSAM, FRED W**  
**5805 SHANNON AVE**  
**FT PIERCE, FL 34951**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Signature, typed or printed name of registered agent and title if applicable*

*(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.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>BALSAM, FRED</b>
<b>STREET ADDRESS</b>	<b>5805 SHANNON AVE</b>
<b>CITY-ST-ZIP</b>	<b>FT PIERCE, FL 34951</b>

<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>SNYDER, JAMES E</b>
<b>STREET ADDRESS</b>	<b>910 OSCEOLA DR</b>
<b>CITY-ST-ZIP</b>	<b>FT PIERCE, FL 34951</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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05/30/08-80003-018 150.00

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**