

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90024 038 ***150.00

DOCUMENT # P04000013623

1. Entity Name
AIRCONDITIONING & HEATING SERVICES OF FLORIDA, INC



Principal Place of Business Mailing Address
3811 STATE ROAD 60 E PO BOX 2615
DOVER, FL 33527 PLANT CITY, FL 33564

60018429



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

02192007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0804931 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, CAROLYN
3513 N WILDER ROAD
PLANT CITY, FL 33565

7. Name and Address of New Registered Agent
Name CAROLYN RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
1902 Wild Tulip Way
City PLANT CITY FL Zip Code 33567

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 *Carolyn Rodriguez* DATE 2/19/07
Signature, typed or printed name of registered agent, or both, if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P RODRIGUEZ, MIKE J 3513 N WILDER RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD Rodriguez, Mike J. 1902 Wild Tulip Way Plant City, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD RODRIGUEZ, CAROLYN 3513 N WILDER RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD Rodriguez, CAROLYN 1902 Wild Tulip Way Plant City, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D RODRIGUEZ, MIKE 3513 N WILDER RD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D RODRIGUEZ, MICHAEL S 3513 N WILDER RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | D Rodriguez, Michael S. 1902 Wild Tulip Way Plant City, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Carolyn Rodriguez* *CAROLYN RODRIGUEZ* DATE 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #