## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2006 08:00 AM Secretary of State DOCUMENT # P04000088324 A+ COOLING & HEATING INC. Principal Place of Business Mailing Address 6071 BUCKINGHAM RD. 6071 BUCKINGHAM RD. FORT MYERS, FL 33905 FORT MYERS, FL. 33905 02062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 90-0188765 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLOCK, RICHARD DO NOT WRITE 6071 BUCKINGHAM RD. FORT MYERS, FL 33905 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and file if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. MILE FLOCK RICHARD NAME 000000462025 03/21/06-80019-009 150.00 STREET ADDRESS 6071 BUCKINGHAM RD. FORT MYERS, FL 33905 C7TY - S7 - Z1P ttit E 03/20**/16/3**0/10/30/30 150.00 FLOCK, SHAUNA MAME 6071 BUCKINGHAM RD. STREET ACCRESS FORT MYERS, FL 33905 DITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CHY-ST-ZIP

12. Thereby 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment with an address, with all other. The empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HONATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

2/4/06 (259) 462-8130

FILED