


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90203 032 \*\*\*150.00

**DOCUMENT # P04000123737**

1. Entity Name  
 FLORIDA HOME COOLING, INC.



Principal Place of Business  
 250 W 3RD STREET  
 CHULUOTA, FL 32766

Mailing Address  
 250 W 3RD STREET  
 CHULUOTA, FL 32766

2. Principal Place of Business - No P.O. Box #  
 1166 Smithfield Way  
 Suite, Apt. #, etc. 1060  
 City & State Oviedo FL

3. Mailing Address  
 1166 Smithfield Way  
 Suite, Apt. #, etc. 1060  
 City & State Oviedo

4. FEI Number  
 20-1533644

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



04172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
 CONKEN, DAVID N  
 250 W 3RD STREET  
 CHULUOTA, FL 32766

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1166 Smithfield Way 1060  
 City Oviedo FL Zip Code 32765

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

**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 CONKEN, DAVID N 250 W 3RD STREET CHULUOTA, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  4/17/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #