

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-08-2007 90056 027 ***150.00

DOCUMENT # P04000129036																																																																																															
1. Entity Name MATT'S AIR CONDITIONING AND HEATING, INC.																																																																																															
Principal Place of Business 19646 ELLENDALE DR LAND O LAKES FL 34638			Mailing Address P.O. BOX 9802 TAMPA FL 33674-9802																																																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State		City & State		4. FEI Number 51-0523429 ☐ Applied For ☐ Not Applicable																																																																																											
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																											
TURBETT, MATTHEW G 19646 ELLENDALE DR LAND O LAKES FL 34638				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																											
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, the registered agent. SIGNATURE Signature, typed or printed name of registered agent and title, if applicable 1/30/07 DATE																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-STATE-ZIP</td> <td style="width: 10%; text-align: right;">Delete ☐</td> </tr> <tr> <td></td> <td>TURBETT, MATTHEW G</td> <td>19646 ELLENDALE DR</td> <td>LAND O LAKES FL 34638</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-STATE-ZIP</td> <td style="width: 10%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete ☐		TURBETT, MATTHEW G	19646 ELLENDALE DR	LAND O LAKES FL 34638																																					TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change ☐ Addition ☐																																								
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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 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:				3/2/07 Date																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																															