

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152403

FILED
Jan 22, 2009
Secretary of State

Entity Name: MATHEWS COOLING & HTG INC

Current Principal Place of Business:

825 WILDWOOD CIRCLE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

825 WILDWOOD CIRCLE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 20-1852751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEWS, WILLIAM H JR
825 WILDWOOD CIRCLE
PORT ORANGE FL, FL 32127 US

Name and Address of New Registered Agent:

MATHEWS, WILLIAM H JR
825 WILDWOOD CIRCLE
PORT ORANGE, FL 32127 US

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.

SIGNATURE:

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MATHEWS, WILLIAM H JR
Address: 825 WILDWOOD CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: MATHEWS, CALEB W
Address: 2549 YALE RD
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. MATHEWS JR.

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date