## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Sep 11, 2006 8:00 am Secretary of State DOCUMENT # P04000161963 09-11-2006 90004 030 \*\*\*550.00 MYERS HEATING & COOLING, INC. Principal Place of Business Mailing Address 252 GATES CREEK ROAD BRADENTON FL 34212 252 GATES CREEK ROAD **BRADENTON FL 34212** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 59-3790096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLECK, JOHN P. JR. 1111 9TH AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) SUITE C **BRADENTON FL 34205** 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D VIP I SECTETARY DUE ☐ Delete TITLE ☐ Change ■ Addition Stephen J. Myers 252 Gates Creek Rd MYERS, DAVID S NAME NAME 252 GATES CREEK ROAD STREET ADDRESS STREET ADDRESS **BRADENTON FL 34212** CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34212 ☐ Delete ☐ Change Addition WHITEHURST, ROBERT W 2308 PALM AVENUE STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-7IP CITY-ST-ZIP mr ☐ Delete THTI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Detete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

City-St-7iP

DAVID S MYCTS SIGNATURE:

CITY - ST - ZIP