2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

	ANNUAL	KEPURI		_		20, 2007	
DOCUI	MENT # P050000489	88			S	ecretary	of Stat
	HEATING & COOLING, INC.						
Principal Place	e of Business	Mailing Address	<u> </u>	1			
216 HIGHVIE LEHIGH ACRE		216 HIGHVIEW AVE Lehigh Acres, FL 33936					
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n	O NOT WRITE	CE	01112007	No Chg-P	CR2E034 (11,		
DO NOT WRITE IN THIS SPA			OL .	4. FEI Numl 56-25			Applied For Not Applicable
				5. Certificat	e of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current Re	gistered Agent					
FORMON, MARK 216 HIGHVIEW AVE LEHIGH ACRES, FL 33936					NOT W		
ELMONA	5NES, 1 E 33330			IN	THIS SF	ACE	
8. The above i	named entity submits this statement for thoons of registered agent.	purpose of changing its register	ed office or registe	red agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accept
	on a registered again.						
SIGNATURE	Signature, typed or printed name of registered agent and	tie il applicable. (NOTE: Registera	d Agent signature required	I wnen reinstating)		DATE	
FILE After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	U00000 01/30/07-)605957 -80059-004	150.00
10.	OFFICERS AND DIF	ECTORS	<u>.</u>				
TITLE NAME	P FORMON, MARK	•					
	216 HIGHVIEW AVE						
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		1				
TITLE L							
STREET ADDRESS							
CITY - ST - ZIP			}				
TITLE			1				i
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CITY-ST-ZIP				DO	NOT W	RITE	
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NAME				117	inio or	ACE	
STREET ADDRESS CITY-ST-ZIP]				
TITLE			}				
NAME			1				
STREET ADDRESS							

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.

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CITY-ST-ZIP

THEE

NAME

STREET ADDRESS

CITY-SI-ZIP

Mal torno Mark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Formon

1-24-07

239-369-4595

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Daytime Phone #