2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: _

May 02, 2008 8:00 am Secretary of State DOCUMENT # P05000094153 05-02-2008 90121 006 ***150.00 WEST COAST HEATING & AIR CONDITIONING, INC. Principal Place of Business Mailing Address 4570 BEACON DR. SARASOTA FL 34232 PO BOX 51881 SARASOTA FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4540 Beacon Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-3092668 50 (acooks) Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **3423**。 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALL FLORIDA FIRM, INC 465 S VOLUSIA AV, SUITE C Street Address (P.O. Box Number is Not Acceptable) **ORANGE CITY FL 32763** 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, typed or printed name of registered agent and let ell happicagie. fNOTE Registered Agent signature required when reinstating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TETLE Change Delete ☐ Addition Grill, Keenan M 3368 Melody Lane Sarasota, FL 34237 GRILL, KEENAN M NAME NAME STREET ADDRESS 1007 MARLIN LAKES CIRCLE #323 STREET ADDRESS CITY-ST-7P SARASOTA FL 34232 CITY-ST-ZIP Delete TITLE D K Change ☐ Addition Cafiero Kristofer CAFIERO, KRISTOFER R NAME NAME 4540 Bencon Drive STREET ADDRESS 4570 BEACON DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7IP Surasota, FL 34232 TITLE Delete THILE ☐ Change ☐ Addition NAME STREET ADDIKESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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

FILED