2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000113170

1. Entity Name
SURE-TEMP COOLING AND HEATING INC.

**FILED
Aug 27, 2008 08:00 AM
Secretary of State**

Principal Place of Business	Mailing Address
6267 BONAVENTURE COURT SARASOTA, FL 34243	POST OFFICE BOX 1492 TALLEVAST, FL 34270

DO NOT WRITE IN THIS SPACE

05282008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-3332183	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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)   DATE

**FILE NOW!!! FEE IS $550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORUM, DAVID E
STREET ADDRESS	6267 BONAVENTURE COURT
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	ST
NAME	ORUM, CONNIE S
STREET ADDRESS	6267 BONAVENTURE COURT
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	
NAME	
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CITY-ST-ZIP	

U00000958453
08/27/08-80003-008 550.00

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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.

SIGNATURE: _____ PRESIDENT   8/20/08   941-351-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #