


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 031 \*\*\*150.00

<b>DOCUMENT # P05000114145</b> 1. Entity Name <b>RAS AIR CONDITIONING &amp; HEATING, INC.</b>					
Principal Place of Business <b>5812 NW COOSA DRIVE PORT ST. LUCIE, FL 34986</b>			Mailing Address <b>5812 NW COOSA DRIVE PORT ST. LUCIE, FL 34986</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>03-0567690</b>	
<b>SCARBERRY, RONALD A 5812 NW COOSA DRIVE PORT ST. LUCIE, FL 34986</b>				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Name Street Address (P.O. Box Number is Not Acceptable) City				State Zip Code	
FL				FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCARBERRY, RONALD A 5812 NW COOSA DRIVE PORT ST. LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Ronald A Scarberry</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/8/06</b> <small>Date</small>		
			<b>772-828-0212</b> <small>Daytime Phone #</small>		