


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 049 ***150.00

DOCUMENT # P05000117571		
1. Entity Name H & L HEATING & COOLING, INC.		

Principal Place of Business 2025 J & C BLVD UNIT #6 NAPLES, FL 34109 US	Mailing Address 610 SE 26TH ST. CAPE CORAL, FL 33904 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1201 N.W. 15th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Cape Coral, FL
Zip	Zip 33993
Country	Country U.S.A

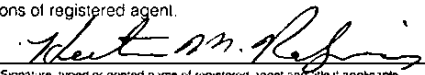
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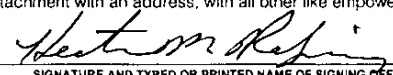
4. FEI Number 20-3354856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, HECTOR M 610 SE 26TH ST. CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Hector M. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 1201 N.W. 15th Place City Cape Coral, FL 33993 FL Zip Code 33993
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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 date if applicable	Hector M. Rodriguez (NOTE: Registered Agent signature required when reinstating)	2-19-07 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, HECTOR M 610 SE 26TH ST CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector M. Rodriguez 1201 N.W. 15th Place CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Hector M. Rodriguez 2-19-07/239-772-7987 Date Daytime Phone #