

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90043 037 ***150.00

DOCUMENT # P05000145535

1. Entity Name

RML AIR CONDITIONING & HEATING, INC.



Principal Place of Business

5760 CRESTMONT STREET
CLEARWATER FL 33760

Mailing Address

5760 CRESTMONT STREET
CLEARWATER FL 33760

2. Principal Place of Business - No P.O. Box #

6154 105TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Address

6154 105TH AVE. N.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

PINELLAS PARK, FLA

City & State

PINELLAS PARK, FLA

4. FEI Number

20-3709193

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, RICHARD P III
5760 CRESTMONT STREET
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing)

2/19/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LAWRENCE, RICHARD P III
STREET ADDRESS 5760 CRESTMONT STREET
CITY-ST-ZIP CLEARWATER FL 33760

TITLE V ☐ Delete
NAME LAWRENCE, MERLA P
STREET ADDRESS 5760 CRESTMONT STREET
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

2/19/08 (722) 531-1797
DATE (Keynote Phone)