## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000151402 FILED** 1. Entity Name BLUE SKIES A/C & HEATING, INC. Jul 14, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 5200 43RD AVE NORTH 5200 43RD AVE NORTH ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 05082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0575297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIES, SCOTT E DO NOT WRITE 5200 43RD AVE NORTH ST. PETERSBURG, FL 33709 IN THIS SPACE 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE U00000954711 U7/14/08-80012-022 150.00 NAME KIES, SCOTT E STREET ADDRESS 5200 43RD AVE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33709 TALE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 for 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 addless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SHOMATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

7-7-08

727-459-2665