## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 25, 2008 8:00 am Secretary of State DOCUMENT # P06000005444 03-25-2008 90012 030 \*\*\*150.00 ISLAND AIR & HEAT INC Principal Place of Business Mailing Address 50001645 5064 MALABAR BLVD SUGA MADABAR BEVO MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5250 S Huy Suite, Apt. #, etc. 5250 S. Hwy AIA Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For melbourse 20-4061501 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERMITT, GREGORY L 5250 S. Hwy A-1A Street Address (P.O. Box Number is Not Acceptable) 5064 MALABAR BLVD MELBOURNE BEACH, FL 32951 City 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. . 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE VERMITT, GREGORY L NAME NAME 5250 S. iJu 5004 MÅLABAR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZiP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #