2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032702

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

Entity Nar	ne: AIR-WRIG	HT HEATING & AIR, INC.					
Current P	rincipal Place o	of Business:	New Prince	ipal Place of B	usiness:		
7605 CRES JACKSON	ST DR N VILLE, FL 3222	1	5625 VERI 11 JACKSON	NA BLVD VILLE, FL 3220	5 US		
Current Mailing Address:			New Mailing Address:				
7605 CRES JACKSON	ST DR N VILLE, FL 3222	1	5625 VERI 11 JACKSON	NA BLVD VILLE, FL 3220	95 US		
FEI Number:	20-4523099	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
7605 CRÉS JACKSON The above	named entity sue of Florida.	1 US Ubmits this statement for the process of the process of the statement for t		ts registered off	ice or registered agent, Date	, or both,	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P,T () [WRIGHT, SAMUI 7605 CREST DR JACKSONVILLE,	N	Title: Name: Address: City-St-Zip:	P (X)	N		
Title: Name: Address: City-St-Zip:	V,S ()E WRIGHT, DORO 7605 CREST DR JACKSONVILLE,	N	Title: Name: Address: City-St-Zip:	V (X) C WRIGHT, DORO 7605 CREST DR JACKSONVILLE,	N		
Title: Name: Address:	1()	Pelete	Title: Name: Address:	T () C BASIHAN, PAULA 7605 CREST DR			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32221 US

ST AUGUSTINE, FL 32084 US

BENNETT, KELLY A

883 OAK ARBOR CIR

() Change (X) Addition

SIGNATURE: SAMUEL WRIGHT Ρ 04/29/2007