


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
1/1 Mar 03, 2008 8:00 am  
Secretary of State

01-16-2008 90046 045 \*\*\*150.00

DOCUMENT # P06000063287  
1. Entity Name  
D & S HEATING & AIR CONDITIONING, INC.



Principal Place of Business      Mailing Address  
35901 THRILL HILL RD      35901 THRILL HILL RD  
EUSTIS, FL 32736      EUSTIS, FL 32736

**DO NOT WRITE IN THIS SPACE**

66001997



01092008    No Chg-P    CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
  
DRIGGERS, CHARLES P  
35901 THRILL HILL RD  
EUSTIS, FL 32736

**DO NOT WRITE  
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.        \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, CHAD L 35901 THRILL HILL RD EUSTIS, FL 32736 <i>Chad Sines</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGGERS, CHARLES P 35901 THRILL HILL RD EUSTIS, FL 32736 <i>CP</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Chad Sines*      Date: 2-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #