

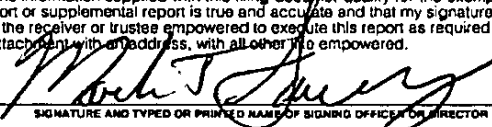


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90866 006 ***150.00

DOCUMENT # P06000116089			
1. Entity Name SANDUSKY HEATING & COOLING, INC.			
Principal Place of Business 21210 PEARL STREET ALVA, FL 33920 US		Mailing Address 21210 PEARL STREET ALVA, FL 33920 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2239 Bruner Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. MYERS FL	
Zip	Country	Zip	Country
		33912	USA
6. Name and Address of Current Registered Agent SANDUSKY, MARK T 21210 PEARL STREET ALVA, FL 33920		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  <small>Signature, typed or printed name of registered agent and fee applicable.</small>		DATE 4/26/07 <small>(NOTE: Registered Agent signature required when resigning)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Thomas Sandusky 2239 Bruner Ln Ft. Myers, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 info empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/26/07 239-690-2665 <small>Date Daytime Phone #</small>	

CURRENT INQUIRIES
to
66017030



04262007 Chg-P CR2E034 (12/06)

4. FEI Number **72-1620838** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required