## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**SIGNATURE** 

## Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P07000026574 04-30-2008 90205 036 \*\*\*158.75 DENNIS EMERY AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 5271 87TH AVENUE NORTH 5271 87TH AVENUE NORTH 60035289 PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-85388 Not Applicable 7ip Country Country Zio \$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 Name EMERY, DENNIS E Street Address (P.O. Box Number is Not Acceptable) 5271 87TH AVENUE NORTH PINELLAS PARK, FL 33782 Zip Code FL 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE EMERY DENNI NAME EMERY, DENNIS E NAME 5271 8751 AUE STREET ADDRESS 5271 87TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-7IP Delete TITLE TITLE ENERY DENNIS NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIFLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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