2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089111

Title:

Name: Address:

City-St-Zip:

O DDEETE LIEATING & AID CONDITIONING INC

FILED Apr 17, 2009 Secretary of State

Entity Nan	ne: C-BREEZ	E HEATING & AIR CONDITION	NING INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
420 NE 15 ⁻ OCALA, FL	TH COURT - 34479 US	:		59 STREET NHA, FL 32179	US	
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
420 NE 15 ⁻ OCALA, FL	TH COURT - 34479 US	:		59 STREET NHA, FL 32179	US	
FEI Number:	41-2248581	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BEYER, TE 4840 NE 10 OCALA, FL	OTH STREET	3				
The above in the State		submits this statement for the pu	urpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUF						
		ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	rrust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () PIRKL, DANIEL 420 NE 15TH CO OCALA, FL 344		Title: Name: Address: City-St-Zip:	P (X) C PIRKL, DANIEL 17497 SE 59 STF OCKLAWHA, FL		
Title: Name: Address: City-St-Zip:	VP () DANDREANO, F 420 NE 15TH CO OCALA, FL 344	OURT	Title: Name: Address: City-St-Zip:	VP (X) C DANDREANO, RI 2101 NE 79 PLAC OCALA, FL 3447	CE	
Title: Name: Address: City-St-Zip:	TREA () PIRKL, JEANNA 420 NE 15TH CO OCALA, FL 344	OURT	Title: Name: Address: City-St-Zip:	TREA (X) O PIRKL, JEANNA 17497 SE 59 ST OCKLAWAHA, FI		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL PIRKL Ρ 04/17/2009

() Delete

() Change (X) Addition

PIRKL, RICHARD

433 NE 15 CT OCALA, FL 34470