

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133035

FILED
Mar 25, 2009
Secretary of State

Entity Name: ROBERT'S HVAC/REFRIGERATION INOCORPORATED, INC.

Current Principal Place of Business:

432 YORKSHIRE STREET
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

3720 HORACE AVE
NORTH PORT, FL 34286

Current Mailing Address:

432 YORKSHIRE STREET
PORT CHARLOTTE, FL 33954

New Mailing Address:

3720 HORACE AVE
NORTH PORT, FL 34286

FEI Number: 26-1932121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT E JR.
432 YORKSHIRE STREET
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

MILLER, ROBERT E JR.
3720 HORACE AVE
NORTH PORT, FL 34286 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/25/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, ROBERT E JR.
Address: 432 YORKSHIRE STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLER, ROBERT E JR.
Address: 3720 HORACE AVE
City-St-Zip: NORTH PORT, FL 34286

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.

SIGNATURE: ROBERT E MILLER JR

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date