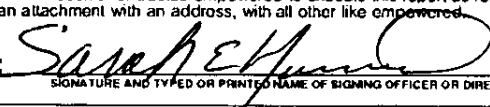


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/1

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-01-2007 90019 035 ***150.00

DOCUMENT # P92000009345 1. Entity Name HOWARD'S AIRCONDITIONING AND REFRIGERATION, INC.					
Principal Place of Business 2452 NW HOWARD AVE. ARCADIA FL 34266			Mailing Address 2452 NW HOWARD AVE. ARCADIA FL 34266		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country De Soto		4. FEI Number 59-3158260	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, JULIAN D 2452 NW HOWARD AVE. ARCADIA FL 34266			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 _____ DATE 2-15-2007 (NOTE: Registered Agent signature required with registration.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P HOWARD, KEVIN LEE 2452 NW HOWARD AVE. ARCADIA FL 34266	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SAUVEY, TIM M 2335 SW WESTWARD DR ARCADIA FL 34266	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HOWARD, KEVIN CHAD 2452 NW HOWARD AVE ARCADIA FL 34266	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HOWARD, SARAH 2452 NW HOWARD AVE ARCADIA FL 34266	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOWARD, JULIAN D 2452 NW HOWARD AVE ARCADIA, FL 34266	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date 2-15-2007 Daytime Phone # (863) 494-309		