2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90016 003 ***150.00

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1. Entity Name
DUCTMASTERS MECHANICAL, INC.

40027824

01192007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6220 ARC WAY STE. 1 FORT MYERS, FL 33912	6220 ARC WAY STE. 1 FORT MYERS, FL 33912

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7390 Willow Creek Lane	7390 Willow Creek Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Fort Myers, FL	City & State: North Fort Myers, FL
Zip: 33917 Country: US	Zip: 33917 Country: US

4. FEI Number: 65-0446961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAIG, DERRICK J 6220 ARC WAY SUITE 1 FORT MYERS, FL 33912	Name: Craig, Derrick J Street Address (P.O. Box Number is Not Acceptable): 7390 Willow Creek Lane City: North Fort Myers **FL** Zip Code: 33917

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] Pres 2-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAIG, DERRICK J	NAME	
STREET ADDRESS	7390 WILLOW CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres 2-27-07 239 2773939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #