


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000009426 1. Entity Name SCOTT'S HEATING & AIR CONDITIONING, INC.	
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Principal Place of Business 2727 N.W. 6TH STREET GAINESVILLE, FL 32609	Mailing Address 2727 N.W. 6TH STREET GAINESVILLE, FL 32609
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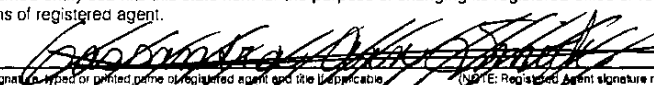

02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, FRANKLIN T 2727 N.W. 6TH STREET GAINESVILLE, FL 32609	DO NOT WRITE IN THIS SPACE
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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)

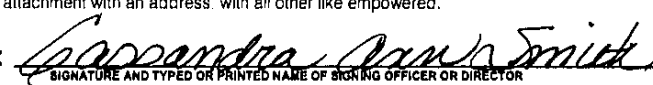
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCOTT, FRANKLIN T 6101 NW 27 TERR. GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SMITH, CASSANDRA ANN 3166 NW 11 ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D STOKES, ELMER DWIGHT 13433 NW 135 DR. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MAYBERRY, CHARLENE KAY 601 SW 266 ST. NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000648306
03/07/07-80004-003 158.75

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:  **2/23/07** **352-376-1029**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #