2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07-07-2008 2008 JUL 10 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40109703

DOCUMENT # P94000037143

1. Entity Name
AL'S HEATING & AIRCONDITIONING INC.

Principal Place of Business	Mailing Address
1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952 US	1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952 US

06242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1448 SE Colchester Cir.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Port St. Lucie	
City & State	City & State
Florida	
Zip: 34952 County: St. Lucie	Zip / Country

4. FEI Number: 65-0493344 ☐ 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
ROTH, ADOLF 1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952	Name: Roth Adolf Street Address (P.O. Box Number is not Acceptable): 1448 SE Colchester Circle Port St Lucie FL City: FL Zip Code: 34952

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: Adolf Roth
(Signature typed or printed of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ROTH, AL G 1055 SE HOLBROOK CT PT ST LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1448 SE Colchester Circle Port St Lucie FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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 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: Adolf Roth 6/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #