

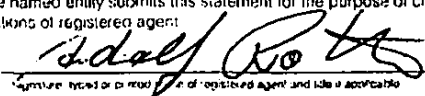
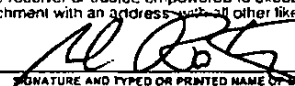
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07-07-2008 00:00:10 154003 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 1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952 US		Mailing Address 1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952 US	
2. Principal Place of Business - No P.O. Box # 1448 SE Colchester Cir.		3. Mailing Address	
Suite, Apt. #, etc. Port St Lucie		Suite, Apt. #, etc.	
City & State Florida		City & State	
Zip 34952		Country St. Lucie	
6. Name and Address of Current Registered Agent ROTH, ADOLF 1055 SE HOLBROOK CT BAY #3 PT ST LUCIE, FL 34952		7. Name and Address of New Registered Agent Name: ROTH, ADOLF Street Address (P.O. Box Number is OK, 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:  (NOTE: Registered Agent signature required when substituting)			
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
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: 		Date: 6/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	