2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State

ANNUAL REPORT					Mai 17, 2000 00.		
DOCUMENT # P95000082397 1. Entity Name ADVANTAGE AIR CONDITIONING OF THE TREASURE COAST, INC.					Se	ecretary of St	
Principal Plac 601 S MARK FT PIERCE, F	ET AVE	dailing Address 601 S MARKET AVE FT PIERCE, FL 34982			14 [1] [1] [1] [1] [1] [1] [1]	N 3818 1188 1110 1111 1180 11 11 168	
DO NOT WRITE IN THIS SPA			CE	03102008 4. FEI Numb 65-062	4. FEI Number Applied For 65-0621583 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Current Regis	stered Agont	1	S. Commedi		Fee Required	
DURHAM, SAMUEL T 601 S MARKET AVE FT PIERCE, FL 34982					NOT WR THIS SPA		
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and bite		<u> </u>	gistered agent, or be equired when reinstating)	oth, in the State of Florida	. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U000008 04/02/08-0	360609 30070-805 150.00	
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	OFFICERS AND DIRE P DURHAM, SAMUEL T 601 S MARKET AVE FT PIERCE, FL 34982	CTORS .				•	
HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RESS		DO NOT WRITE IN THIS SPACE				

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 impowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

772-465-1606 Daytime Priorie

SAMUEL T. DUCHAM