


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000065807</b> 1. Entity Name <b>DAVID HALL'S AIR CONDITIONING &amp; HEATING SERVICES, INC.</b>	
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Principal Place of Business <b>555 SE MARGRET DR. LAKE CITY, FL 32025 US</b>	Mailing Address <b>PO BOX 244 LAKE CITY, FL 32056 US</b>
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07092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

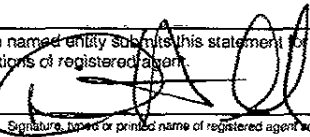
4. FEI Number <b>59-3393689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HALL, DAVID 555 SE MARGRET DR. LAKE CITY, FL 32025</b>
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**DO NOT WRITE  
IN THIS SPACE**

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)

**7-9-07**  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

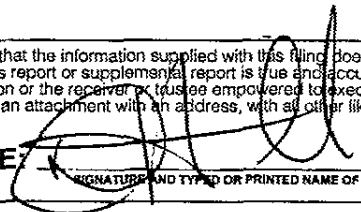
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HALL, DAVID 555 SE MARGRET DR. LAKE CITY, FL 32025</b>
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U00000768200  
07/11/07-80005-023 550.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-9-07**  
Date

Daytime Phone #

**(356)  
867-1109**  
Daytime Phone #