#### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

#### **Secretary of State DOCUMENT # P97000028599** 01-25-2007 90053 028 \*\*\*150.00 1. Entity Name HARRY'S HEATING AND AIR CONDITIONING, INC. Principal Place of Business Mailing Address 40005647 2813 SW MAIN BLVD P.O. BOX 1321 LAKE CITY, FL 32055-1321 LAKE CITY, FL 32025 2. Principal Place of Business - No P.O. Box # Mailing Address 01112007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State 59-3444656 Not Applicable Couping Start \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSELEY, HARRY D SR. 2818 SW MAIN BLVD LAKE CITY, FL 32025 a 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 fair the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Pres TITLE ☐ Change ■ Addition TITLE ☐ Delete HARRY MOSELEY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 1321 LAKE CITY, FL 32056 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Jan 25, 2007 8:00 am ATTACHMENT.

**Division of Corporations** 



## Annual Report

Annual Report Help	
Document Number	_
P97000028599 Business Entity Name	

#### HARRY'S HEATING AND AIR CONDITIONING, INC.

FEI Number	593	444656		
FEI Number Status	<b>©</b>	Listed Above C	Applied For	C Not Applicable
Certificate of Status Desired	<u> </u>	Yes 何 No - S8	.75 each	
Election Campaign Financing Trust Fu	ind Contribution C	Yes 6 No		
Pi	rincipal Place o	of Business		
Address	2813 SW MAIN BI			•
Suite, Apt. #, etc.				-
City, State	LAKE CITY	,	FL	
Zip Code & Countr	y <b>3202</b> 5	<del></del>		
	Mailing Ad	dress		<b>-</b>
Address	P.O. BOX 1321			
Suite, Apt. #, etc.				-
City, State	LAKE CITY	:	FL	
Zip Code & Countr	y <b>320551321</b>	·····		
Name a	nd Address of I	Registered A	gent	
Name (Last, First, Middle, Title)	MOSELEY	HARRY		SR.
- OR -	,	. <b>.</b>	•	•
Business to serve as RA				
Address (PO Box is not acceptab	le) 2818 SW MAIN	BLVD		_
Suite, Apr. #, etc.				_
City, State	LAKE CITY		, FL	
Zip Code & Country	<b>32025</b> U	S		

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under \$.831.06, Florida Statutes.

#### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	pres
Name (Last, First, Middle, Title)	Moseley, Hurry D.
- OR -	~
Entity Name to serve as Officer/Director	HARRY MOSELEY
Street Address	PO BOX 1321
City, State	LAKE CITY FL
Zip Code & Country	32056
Title	Misseley Honry ,D.
Name (Last, First, Middle, Title)	Misselev Harry D.
- OR -	<i>//</i>
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	The state of the s
Title	5-ec
Name (Last, First, Middle, Title)	Moscley Herry D.
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	

### Division of Corporations

# ATTACHMENT 40005647 Page 3 of 4

• •	#p97080285°19
Title	tres
Name (Last, First, Middle, Title)	Moscley Horry D
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First-Middle, Fitle)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	Γ
Name (Last, First, Middle, Title)	
- OR	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under \$.831.06. Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset