2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000051064 FILED 1. Entity Name BAYSIDE AIR CONDITIONING & HEATING, INC. Jun 30, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address **515 KELLY STREET 515 KELLY STREET** DESTIN, FL 32541 DESTIN, FL 32541 US No Chg-P CR2E034 (11/05) 06272008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3457293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HESS, GLEN G DO NOT WRITE 416 RIDGE WOOD CIRCLE DESTIN, FL 32541 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) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE HESS, JEFFREY G NAME STREET ADDRESS 515 KELLY STREET CITY-ST-ZIP DESTIN, FL 32541 TITLE // U00000953422 HESS, GLEN G NAME ~~06/30/08=80001=009\150\00 STREET ADDRESS 416 RIDGE WOOD CIRCLE CITY-ST-7IP DESTIN, FL 32541 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1608 850-654-897