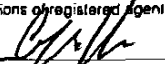


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 008 ***150.00

DOCUMENT # P97000102688			
1. Entity Name CLIF BETTS HEATING & COOLING, INC.			
Principal Place of Business 11866 METRO PARKWAY FORT MYERS, FL 33912		Mailing Address 11866 METRO PARKWAY FORT MYERS, FL 33912	
2. Principal Place of Business 5758 CORPORATION CIR.		3. Mailing Address 5758 CORPORATION CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33905	Country LEE	Zip 33905	Country LEE CO, USA
6. Name and Address of Current Registered Agent BETTS, CLIF 11866 METRO PKWY FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name BETTS, CLIF Street Address (P.O. Box Number is Not Acceptable) 5758 CORPORATION CIRCLE City FORT MYERS FL Zip Code 33905	
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  CLIF BETTS		DATE 4/26/06	
NOTE: Signature of registered agent required when relinquishing		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BETTS, CLIF 11866 METRO PARKWAY FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BETTS, CLIF 5758 CORPORATION CIRCLE FORT MYERS, FL 33905 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BETTS, CHRISTI WHALEY 11866 METRO PARKWAY FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BETTS, CHRISTI W. 5758 CORPORATION CIRCLE FORT MYERS, FL 33905 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 the empowered.			
SIGNATURE:  CLIF BETTS		DATE 4/26/06 (239) 278-4022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	