2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000093140 1. Entity Name WINDSOR AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 6388 BELVEDERE RD. 6388 BELVEDERE RD. WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 CR2E034 (11/05) 01172007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0876087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE WINDSOR, JOHN DIL 6388 BELVEDERE RD WEST PALM BEACH, FL 33413 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 Fiorida I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agen) signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TATLE WINDSOR, JOHN DIE NAME STREET ADDRESS 6388 BELVEDERE RD. CITY-ST-ZIP WEST PALM BEACH, FL 33413 U00000704399 TITLE 04/23/07-80009-017 150.0Q WINDSOR, JOHN D NAME STREET ADDRESS 6388 BELVEDERE RD. CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE NAME STREET ADDRESS DO NOT WR CITY-ST-ZIP IN THIS SPA TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE

12. I hereby certify that the information supplied with this ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport at true 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 exemption of the exemption of the exemption of the exemption of the 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 that I am an officer or director.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/18/07 683

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FILED