

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P99000008857

1. Entity Name
MIDDLETON HEATING AND AIR CONDITIONING, INC.



Principal Place of Business
**1721 34TH AVE., N.
SAINT PETERSBURG, FL 33713**

Mailing Address
**1721 34TH AVE., N.
SAINT PETERSBURG, FL 33713**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3418534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIDDLETON, JOHN LEE III
1721 34TH AVENUE N.
ST. PETERSBURG, FL 33713**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000781246

01/15/08-80026-016-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIDDLETON, JOHN
STREET ADDRESS	1721 34TH AVE., N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	VP
NAME	MIDDLETON JR, JOHN L
STREET ADDRESS	172134TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 **1-9-07** Daytime Phone # _____