2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM DOCUMENT # P99000065013 **Secretary of State** 1. Entity Name KROMMES AIR CONDITIONING, INC. Mailino Address Principal Place of Business 1507 S.E. 37TH ST. 1507 S.E. 37TH ST. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0963340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KROMMES, HAROLD WIII DO NOT WRITE 1507 S.E. 37TH ST. CAPE CORAL, FL 33904 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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.80 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. O **TITLE** MARAE KROMMES, HAROLD WIII STREET ADDRESS 1507 S.E. 37TH ST. CAPE CORAL, FL 33904 CHY-SY-ZAP UUUUUU447182 ۷P SITLE 03/08/06-80038-016 150.00 NAME CACKAMO, MARIO STREET ADDRESS 1507 SE 37TH STREET CTTY-ST-ZIP CAPE CORAL, FL 33904 MLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STRUET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 507, 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.

LEDIN HAROLD WKROMINESILL

W. Krom

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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