DOCUMENT # P99000065013

1. Entity Name

KROMMES AIR CONDITIONING, INC.



FILED Jan 12, 2007 08:00 AM Secretary of State

Not Applicable

Principal Place of Business

1507 S.E. 37TH ST. CAPE CORAL, FL. 33904 Mailing Address

1507 S.E. 37TH ST. CAPE CORAL, FL 33904



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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KROMMES, HAROLD W III 1507 S.E. 37TH ST. CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

65-0963340

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 ingistered agent and title if applicable. (NOTE Registered Agent signature required when remsating) DATE										
	E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROMMES, HAROLD W III 1507 S.E. 37TH ST. CAPE CORAL, FL 33904									
TITLE NAME STREET ADDRESS CITY-ST-ZP	VP CACKAMO, MARIO 1507 SE 37TH STREET CAPE CORAL, FL 33904				U00000584249					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	01/12/07-80029-016 150.00 NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP										
TITLE HAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filling 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 cath; 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.										