

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065619

FILED
Apr 30, 2009
Secretary of State

Entity Name: DAVE FOLTZ HVAC SYSTEMS INC.

Current Principal Place of Business:

C/O 10335 CHOICE DR.
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

C/O 10335 CHOICE DR.
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3586475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLTZ, DAVE
10335 CHOICE DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOLTZ, DAVE
Address: 10335 CHOICE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: ST () Delete
Name: FOLTZ, JANICE
Address: 10335 CHOICE DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP () Delete
Name: FOLTZ, RORY
Address: 12159 COLONY LAKES BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOLTZ, DAVE W P
Address: 10335 CHOICE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: ST (X) Change () Addition
Name: FOLTZ, JANICE M ST
Address: 10335 CHOICE DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP (X) Change () Addition
Name: FOLTZ, RORY L VP
Address: 10335 CHOICE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE FOLTZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date