


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 012 ***150.00

DOCUMENT # P99000075187	
1. Entity Name TODD KING'S COOLING & HEATING, INC.	

Principal Place of Business 4579-A CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	Mailing Address 4579-A CAPITAL CIRCLE NW TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # 4583-A Capital Circle NW	3. Mailing Address 4583-A Capital Circle NW
Suite, Apt. #, etc. Tallahassee FL	Suite, Apt. #, etc. Tallahassee FL

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Country Leon



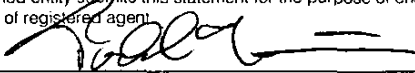
08192008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3595782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, TODD R 4587-A CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent	
Name Todd Kings Cooling & Heating	
Street Address (P.O. Box Number is Not Acceptable) 4583-A Capital Circle NW	
Tallahassee, FL 32303	
City FL	Zip Code 32303

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 	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME KING, ELEN	
STREET ADDRESS 4579-A CAPITAL CIRCLE NW	
CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE P	<input type="checkbox"/> Delete
NAME KING, TODD	
STREET ADDRESS 4579-A CAPITAL CIRCLE NW	
CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE T	<input type="checkbox"/> Delete
NAME VLANDIS, JOHN	
STREET ADDRESS 4579-A CAPITAL CIRCLE NW	
CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, ELEN	
STREET ADDRESS 4583-A Capital Circle N.W.	
CITY-ST-ZIP Tallahassee, FL 32303	
TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, TODD	
STREET ADDRESS 4583-A Capital Circle N.W.	
CITY-ST-ZIP Tallahassee, FL 32303	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VLANDIS, JOHN	
STREET ADDRESS 4583-A Capital Circle N.W.	
CITY-ST-ZIP Tallahassee, FL 32303	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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	Daytime Phone #
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