FILED 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** Jan 09, 2008 08:00 AN **Secretary of State** DOCUMENT #V57211 R.J. COLLINS AIR CONDITIONING, INC. Mailing Address Principal Place of Business 1179 ROBIN KAY ROAD 1179 ROBIN KAY ROAD TALLAHASSEE, FL 32312 US US TALLAHASSEE, FL 32312 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0364428 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, RICHARD J. DO NOT WRITE 1179 ROBIN KAY RD TALLAHASSEE, FL 32312 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)

FILE NOWIII FEE IS \$150.00

NAME STREET ADDRESS CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DΡ TITLE NAME COLLINS, RICHARD J. STREET ADDRESS 1179 ROBIN KAY ROAD CITY-ST-ZIP TALLAHASSEE, FL TITLE NAME COLLINS, GLORIA J. STREET ADDRESS 1179 ROBIN KAY ROAD CITY+ST-ZIP TALLAHASSEE, FL DS

Signature, typed or printed name of registered agent and title if applicable

U00000777228 01/03/08-80054-022 150.00

DATE

Applied For

Not Applicable

TITLE HANCOCK, SAMUEL NAME STREET ADDRESS 8044 YELLOW MOON CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE DT COLLINS, RAYMOND J. STREET ADDRESS 1179 ROBIN KAY ROAD CITY-ST-ZIP TALLAHASSEE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE

DO NOT WRITE IN THIS SPACE

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 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.