

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347788

FILED
Mar 11, 2009
Secretary of State

Entity Name: TRADITION CENTRAL AIR, INC.

Current Principal Place of Business:

890 34TH ST NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

890 34TH ST NW
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-1261407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, DAVID
1201-6TH AVE. W., 4TH FLOOR
308 13TH ST W
BRADENTON, FL 34205 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: REVELL, TIM
Address: 4406 DOLPHIN LANE
City-St-Zip: PALMETTO, FL

Title: S () Delete
Name: REVELL, SUE
Address: 4406 DOLPHIN LANE
City-St-Zip: PALMETTO, FL

Title: VP () Delete
Name: TURVIN, ED
Address: 108 ARIETTA SHORES DR
City-St-Zip: AUBURNDAL, FL 33823

Title: T () Delete
Name: CRIBBS, BARBARA
Address: 208 E LAKE HOWARD DR APT 203
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM REVELL

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date