2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90020 030 ***158.75

DOCUMENT # 492563

1. Entity Name
BILL WILLIAMS AIR-CONDITIONING & HEATING, INC .

Principal Place of Business	Mailing Address
3562 LENOX AVE BOX 6779 JACKSONVILLE, FL 32236	3562 LENOX AVE BOX 6779 JACKSONVILLE, FL 32236

400795945

04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1636859
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM
1196 COPPERGATE PL
MACCLENNY, FL 32063

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, WILLIAM H
STREET ADDRESS	1196 [redacted] Coppergate Place
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	VD
NAME	BENNETT, TALMADGE L.
STREET ADDRESS	835 CHELSEY DR
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	TD
NAME	WILLIAMS, DELORES T
STREET ADDRESS	1196 COPPERGATE PLACE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	SD
NAME	TERRY, GAIL R
STREET ADDRESS	6702 BEATRIX DR
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William H Williams April 17, 2007 (904) 387-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #