


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 043 \*\*\*150.00

**DOCUMENT # 492563**

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



Principal Place of Business      Mailing Address

**3562 LENOX AVE**      **3562 LENOX AVE**  
**BOX 6779**      **BOX 6779**  
**JACKSONVILLE, FL 32236**      **JACKSONVILLE, FL 32236**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04242008      Chg-P      CR2E034 (12/06)

4. FEI Number <b>59-1636859</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
WILLIAMS, WILLIAM 1196 COPPERGATE PL MACCLENNY, FL 32063		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, WILLIAM H 1196 COOPERATE PLACE MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14632 STATE ROAD 121 NORTH MACCLENNY FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, TALMADGE L. 835 CHELSEY DR GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD TERRY, GAIL R. 6702 BEATRIX DRIVE JACKSONVILLE FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, DELORES T 1196 COPPERGATE PLACE MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14632 STATE ROAD 121 NORTH MACCLENNY FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY, GAIL R 6702 BEATRIX DR JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD SCHWEND, DONALD R. 54412 FOURACRE CIRCLE CALLAHAN FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD SCHWEND, RONALD E. 2409 WEST SHELBY CREEK ROAD JACKSONVILLE FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD WILLIAMS, TERRY P. 15815 LEM TURNER ROAD JACKSONVILLE FL 32218

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*      **WILLIAM H. WILLIAMS**      **APRIL 28, 2008 (904) 387-0491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #