

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492563

FILED  
Apr 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3562 LENOX AVE  
BOX 6779  
JACKSONVILLE, FL 32236

**New Principal Place of Business:**

**Current Mailing Address:**

3562 LENOX AVE  
BOX 6779  
JACKSONVILLE, FL 32236

**New Mailing Address:**

FEI Number: 59-1636859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, WILLIAM  
14632 STATE ROAD 121 NORTH  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

WILLIAMS, WILLIAM H  
14632 STATE ROAD 121 NORTH  
MACCLENNY, FL 32063 US

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: WILLIAM H WILLIAMS      04/24/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, WILLIAM H  
Address: 14632 STATE ROAD 121 NORTH  
City-St-Zip: MACCLENNY, FL 32063

Title: VSD ( ) Delete  
Name: TERRY, GAIL R  
Address: 6702 BEATRIX DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: T ( ) Delete  
Name: WILLIAMS, DELORES T  
Address: 14632 STATE ROAD 121 NORTH  
City-St-Zip: MACCLENNY, FL 32063

Title: V ( ) Delete  
Name: SCHWEND, DONALD R  
Address: 54412 FOURACRE CIRCLE  
City-St-Zip: CALLAHAN, FL 32011

Title: V ( ) Delete  
Name: SCHWEND, RONALD E  
Address: 2409 WEST SHELBY CREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete  
Name: WILLIAMS, TERRY P  
Address: 15815 LEM TURNER ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

**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:

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: WILLIAM H WILLIAMS      PD      04/24/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date