

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 21, 2009
Secretary of State**

DOCUMENT# 492563

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 H
14632 STATE ROAD 121 NORTH
MACCLENNY, FL 32063 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

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 (X) 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
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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: GAIL R. TERRY

VSD

08/21/2009

Electronic Signature of Signing Officer or Director

_____ Date