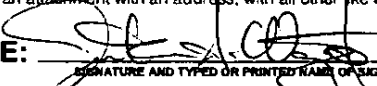


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90032 020 ****70.00

DOCUMENT # 732345					
1. Entity Name AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 8297 HICKORY HAMMOCK RD MILTON, FL 32583			Mailing Address 8297 HICKORY HAMMOCK RD MILTON, FL 32583		
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	4. FEI Number 59-1602785	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINGATE, JONATHON 8297 HICKORY HAMMOCK RD MILTON, FL 32583			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SMITH, LEONARD		NAME	Jimmy Cotton	
STREET ADDRESS	305 W DETROIT BLVD		STREET ADDRESS	5888 Sauflay Pines Rd	
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	JONES, DOUG		NAME	Greg Oliver	
STREET ADDRESS	6745 COMMUNITY DR		STREET ADDRESS	14 West Gadsden St.	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MILLER, DEWEY		NAME	Roger Devalcourt	
STREET ADDRESS	2110 WEST CERVANTES ST.		STREET ADDRESS	5535 Bauer Rd.	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	JARMON, MIKE		NAME	Ron OBlinger	
STREET ADDRESS	6373 SIMPSON DR.		STREET ADDRESS	3900 North "W" St.	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	S	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	COTTON, JIMMY		NAME	Jonathan Wingate	
STREET ADDRESS	5888 SAUFLEY PINES RD		STREET ADDRESS	8297 Hickory Hammock Rd	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Milton, FL 32583	
TITLE	T	☐ Delete	TITLE	T	☐ Change ☐ Addition
NAME	WINGATE, JONATHAN		NAME	Jonathan Wingate	
STREET ADDRESS	8297 HICKORY HAMMOCK RD.		STREET ADDRESS	8297 Hickory Hammock Rd.	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, FL 32583	
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 617, 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: 			7-31-08 850-626-0749		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60046181



07252008 Chg-NP CR2E037 (12/06)