

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115671

FILED
Apr 16, 2009
Secretary of State

Entity Name: A/C DOCTOR COMPLETE INC.

Current Principal Place of Business:

327 PARQUE DR.
#7
ORMOND BEACH, FL 32174

Current Mailing Address:

126 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

1042 N. US HWY1
SUITE 8
ORMOND BEACH, FL 32174

New Mailing Address:

1042 N. US HWY1
SUITE 8
ORMOND BEACH, FL 32174

FEI Number: 75-3163388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, GLEN V
126 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HARVEY, GLEN V
Address: 126 TIMBERLINE TR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GLEN V. HARVEY

PRES

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date