
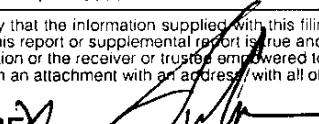


FILED

07 DEC -6 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713775				07 DEC -6 AM 10:41	
1. Entity Name FLORIDA AIR CONDITIONING CONTRACTORS OF AMERICA, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12513 INDUSTRIAL BLVD. ORLANDO, FL 32804 Q		Mailing Address 315 MELODY LANE P.O. BOX 180458 CASSELBERRY, FL 32718			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO 13978			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12062007 REIN-NP CR2E099 (1/07)	
City & State		City & State Tallahassee, FL		4. FEI Number 59-1440713	
Zip		Country		Applied For Not Applicable	
32317				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTELLANO, THOMAS 2206 1/2 N. ARMENIA AVE. TAMPA, FL 33607				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLER, JOE		NAME	900113157529	
STREET ADDRESS	435 6TH STREET SW		STREET ADDRESS	12/14/07--01041--021 **\$1.25	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BODWELL, KEN		NAME		
STREET ADDRESS	2513 INDUSTRIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTELLANO, THOMAS		NAME		
STREET ADDRESS	2206 1/2 N. ARMENIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOKOLOW, ELLIOT		NAME		
STREET ADDRESS	36 MINNETONKA ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SICKLE, SINCLAIR		NAME		
STREET ADDRESS	P. O. BOX 1007		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 32110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERMAN, BRUCE		NAME		
STREET ADDRESS	5334 CRENSHAW STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
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 		Date 12/6/07		Daytime Phone # 889/666-8848	