

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713775

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA AIR CONDITIONING CONTRACTORS OF AMERICA, INC.

Current Principal Place of Business:

12513 INDUSTRIAL BLVD.
ORLANDO, FL 32804 Q

New Principal Place of Business:

2204 N. ARMENIA AVENUE
TAMPA, FL 33607

Current Mailing Address:

2206 N ARMENIA AVE
TAMPA, FL 33607

New Mailing Address:

2204 N. ARMENIA AVENUE
TAMPA, FL 33607

FEI Number: 59-1440713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANO, THOMAS
2206 1/2 N. ARMENIA AVE.
TAMPA, FL 33607 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: D () Delete
Name: STRICKLER, JOE
Address: 435 6TH STREET SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: BODWELL, KEN
Address: 2513 INDUSTRIAL BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: PD (X) Delete
Name: CASTELLANO, THOMAS
Address: 2206 1/2 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: SD (X) Delete
Name: SOKOLOW, ELLIOT
Address: 36 MINNETONKA ROAD
City-St-Zip: SEA RANCH LAKES, FL 33308

Title: D (X) Delete
Name: SICKLE, SINCLAIR
Address: P. O. BOX 1007
City-St-Zip: BUSHNELL, FL 32110

Title: D (X) Delete
Name: SILVERMAN, BRUCE
Address: 5334 CRENSHAW STREET
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTELLANO, THOMAS
Address: 2206 1/2 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: TD (X) Change () Addition
Name: BODWELL, KENNETH
Address: 2513 INDUSTRIAL BOULEVARD
City-St-Zip: ORLANDO, FL 32804

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CASTELLANO

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date