

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 569874

FILED  
Apr 10, 2011  
Secretary of State

**Entity Name:** A & M AIR CONDITIONING, INC,

**Current Principal Place of Business:**

5098 NW 37 AVENUE  
D  
TAMARAC, FL 33309

**New Principal Place of Business:**

129 JASMINE CT  
LAKE PLACID, FL 33852

**Current Mailing Address:**

5098 NW 37 AVENUE  
D  
TAMARAC, FL 33309

**New Mailing Address:**

129 JASMINE CT  
LAKE PLACID, FL 33852

**FEI Number:** 59-1822350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUINING, JON  
5098 NW 37 AVENUE  
D  
TAMARAC, FL 33309 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: STD  
Name: CALCAGNO, GILBERT M.  
Address: 129 JASMINE CT  
City-St-Zip: LAKE PLACID, FL 33852

Title: PRES  
Name: BRUINING, JON H  
Address: 5098 NW 37 AVENUE STE D  
City-St-Zip: TAMARAC, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: GILBERT M CALCAGNO

STD

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date