

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115671

Entity Name: A/C DOCTOR COMPLETE INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 75-3163388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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: GLEN HARVEY

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date