
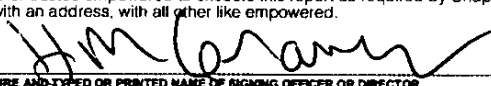


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 044 ***150.00

DOCUMENT # 117163 1. Entity Name AMERICAN COOLAIR CORPORATION					
Principal Place of Business 3604 MAYFLOWER ST P.O. BOX 2300 JACKSONVILLE, FL 32203			Mailing Address 3604 MAYFLOWER ST P.O. BOX 2300 JACKSONVILLE, FL 32203		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0141620	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVES, HARRY M., JR. 6962 ALMOURS DR JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent 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 \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAVES, HARRY M JR		NAME	DEGOURSEY, MARK	
STREET ADDRESS	6962 ALMOURS DR		STREET ADDRESS	13999 SHALLOW COVE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, SARA E.		NAME		
STREET ADDRESS	3416 SAN JOSE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, ROBERT B		NAME		
STREET ADDRESS	7272 SAN LUCAS RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, NEAL P		NAME		
STREET ADDRESS	3420 SECRET COVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTER, FRANCIS J		NAME		
STREET ADDRESS	2922 LONGLEAF RANCH CIR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	VT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATALOBOS, J. MANUEL J		NAME		
STREET ADDRESS	3464 SIMCA DR., W.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		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 607, 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: 			3-7-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		