

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 117163

FILED
Jan 28, 2009
Secretary of State

Entity Name: AMERICAN COOLAIR CORPORATION

Current Principal Place of Business:

3604 MAYFLOWER ST
P.O. BOX 2300
JACKSONVILLE, FL 32203

New Principal Place of Business:

3604 MAYFLOWER ST
JACKSONVILLE, FL 32205

Current Mailing Address:

3604 MAYFLOWER ST
P.O. BOX 2300
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-0141620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, HARRY M., JR.
6962 ALMOURS DR
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GRAVES, HARRY M JR,
Address: 6962 ALMOURS DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: GRAVES, SARA E.,
Address: 3416 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VS () Delete
Name: GRAVES, ROBERT B,
Address: 7272 SAN LUCAS RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: V () Delete
Name: TAYLOR, NEAL P
Address: 3420 SECRET COVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: DEGOURSEY, MARK
Address: 13999 SHALLOW COVE CT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

SIGNATURE: HARRY M. GRAVES, JR.

CP

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date