


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 234611 1. Entity Name JENSEN BEACH AIR CONDITIONING, INC.	
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Principal Place of Business 940 NE DIXIE HWY JENSEN BEACH, FL 34957	Mailing Address 940 NE DIXIE HWY JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE

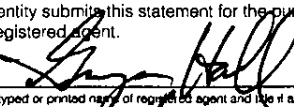


01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0899312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, GREGORY C. 940 N.E. DIXIE HWY. JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

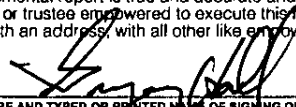
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: 04-18-2008
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, GREGORY C 1567 NE SOTTONG ROAD JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COPELAND, LAURIE 2705 NE INDIAN RIVER DR JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000912095
05/07/08-80066-016 150.00

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:  04-18-08 712-334-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
