2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 283826

Name:

Address: City-St-Zip: GIBSON, CHRISTIANNE

FORT WALTON BEACH, FL 32548

249 BROOKS ST SE

FILED Jan 05, 2009 Secretary of State

Entity Na	me: COOLING	3 & HEATING, INC	D.					
Current Principal Place of Business:				New Principal Place of Business:				
P O DRAWER 700 70 EGLIN PARKWAY N. E. FT. WALTON BEACH, FL 32549				70 EGLIN PKWY., N.E. FT. WALTON BEACH, FL 32548				
Current Mailing Address:				New Mailing Address:				
P O DRAV FT WALTO	VER 700 DN BEACH, FL	325490700						
FEI Number: 59-1059472 FEI Number Applied For			ed For ()	FEI Number Not Applicable () Certificate of Status Desired ()			esired ()	
Name and	Address of C	urrent Registere	d Agent:	Name and	Name and Address of New Registered Agent:			
The above in the State	e of Florida.	L 32548 US	nent for the pur	pose of changing it	s registered	office or registered age	ent, or both,	
SIGNATUI		nic Signature of Re	eaistered Agent	<u> </u>		 Date		
Election Car		g Trust Fund Contrib				2		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () GIBSON, AUDR 903 THE MAST SHALIMAR, FL	TERS BLVD		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () GIBSON, J M 829 KELLAIRE DESTIN, FL 32			Title: Name: Address: City-St-Zip:	VP (GIBSON, JOH 829 KELLAIR DESTIN, FL	RE CT		
Title:	SDTD ()	Delete		Title:	(() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M. GIBSON VΡ 01/05/2009