2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 439775

Entity Name: CURRIER COOLING AND HEATING, INC.

Current Principal Place of Business:

4855 S. SUNCOAST BLVD.
P.O. BOX 1127
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

4855 S. SUNCOAST BLVD.
HOMOSASSA SPRINGS, FL 34447 US

Current Mailing Address:

4855 S. SUNCOAST BLVD.
P.O. BOX 1127
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-1500523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRIER, ELWOOD L.
1980 HABOUR POINT DRIVE
MERRITT ISLAND, FL 32952 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: PD ( ) Delete
Name: CURRIER,ELWOOD L
Address: 1980 HARBOUR POINT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: C ( ) Delete
Name: CURRIER, ELWOOD L
Address: 1980 HARBOR POINT DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P ( ) Delete
Name: AKERS, JAMES T
Address: 4855 S SUNCOAST BVLD
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete
Name: PATTERSON, CURTIS D
Address: 4855 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete
Name: SALTZMAN, JENNIFER D
Address: 4855 S SUNCOAST BVLD
City-St-Zip: HOMOSASSA, FL 34446

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: JENNIFER D SALTZMAN T 02/18/2009

Electronic Signature of Signing Officer or Director Date