

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501934

FILED
Jan 19, 2009
Secretary of State

Entity Name: CERTIFIED AIR CONTRACTORS, INC.

Current Principal Place of Business:

4505 MARQUETTE STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

4505 MARQUETTE AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

4505 MARQUETTE STREET
JACKSONVILLE, FL 32210

New Mailing Address:

4505 MARQUETTE AVENUE
JACKSONVILLE, FL 32210

FEI Number: 59-1660581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODELLI, MEL
4826 AVON LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

RODELLI, MEL
4505 MARQUETTE AVENUE
JACKSONVILLE, FL 32210 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ALTON, ERNIE
Address: 583 EXETER COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: LEE, JAMES
Address: 4882 BOLLES LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD () Delete
Name: RODELLI, JEANNETTE,
Address: 4826 AVON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: RODELLI, MEL
Address: 4326 AVON LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEE, JAMES
Address: 4882 BOLLES LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RODELLI, MEL
Address: 4826 AVON LANE
City-St-Zip: JACKSONVILLE, FL 32210

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: JEANNETTE RODELLI

STD

01/19/2009

Electronic Signature of Signing Officer or Director

Date