


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT 539867	
1. Entity Name TRI COUNTY AIR CONDITIONING-HEATING, INC.	

Principal Place of Business 1080 ENTERPRISE CT NOKOMIS, FL 34275 US	Mailing Address 1080 ENTERPRISE CT NOKOMIS, FL 34275 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1851541	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 SWANSON, WILLIAM S 1080 ENTERPRISE CT NOKOMIS, FL 34275	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 WILLIAM S. SWANSON (NOTE: Registered Agent signature required when reinstating) DATE _____

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 SWANSON, WILLIAM S 1080 ENTERPRISE CT NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBOTT, RON A 1080 ENTERPRISES CT NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCAY, JEFFREY D 1080 ENTERPRISES CT NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/04/08-80005-009 150.00

DO NOT WRITE IN THIS SPACE

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 William S. Swanson 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #