

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 539867

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** TRI COUNTY AIR CONDITIONING-HEATING, INC.

**Current Principal Place of Business:**

1080 ENTERPRISE CT  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

1080 ENTERPRISE CT  
NOKOMIS, FL 34275 US

**New Mailing Address:**

**FEI Number:** 59-1851541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWANSON, WILLIAM S  
1080 ENTERPRISE CT  
NOKOMIS, FL 34275 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SWANSON, WILLIAM S  
Address: 1080 ENTERPRISE CT  
City-St-Zip: NOKOMIS, FL 34275

Title: VD  
Name: ABBOTT, RON A  
Address: 1080 ENTERPRISES CT  
City-St-Zip: NOKOMIS, FL 34275

Title: TD  
Name: SWANSON, WILLIAM S  
Address: 1080 ENTERPRISE CT  
City-St-Zip: NOKOMIS, FL 34275

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM S. SWANSON

PD

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date