FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2005 8:00 am
Secretary of State
05-25-2005 90001 023 ***150.00

DOCUMENT # 558636

1. Entity Name
Wilson's Air Conditioning Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1532 STATE Avenue	SAme
Suite, Apt. #, etc. UNIT K	Suite, Apt. #, etc
City & State Holly Hill	City & State Florida
Zip 32117 Country Volusia	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1879821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name June L. Wilson
Street Address (P.O. Box Number is Not Acceptable) 1532 STATE Ave UNIT K
City Holly Hill **FL** Zip Code 32117

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	TITLE	
NAME	JUNE L WILSON	NAME	
STREET ADDRESS	10 STRATFORD PLACE	STREET ADDRESS	
CITY ST ZIP	ORMOND Beach, FL 32174	CITY ST ZIP	
TITLE	S	TITLE	
NAME	DANNY L. Wilson	NAME	
STREET ADDRESS	629 Cherokee Lane	STREET ADDRESS	
CITY ST ZIP	Holly Hill, FL 32117	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: June L. Wilson — 5/19/05 — 386-672-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #