

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558636

FILED
Apr 13, 2007
Secretary of State

Entity Name: WILSON'S AIR CONDITIONING, INC.

Current Principal Place of Business:

1532 STATE AVE., UNIT K
HOLLY HILL, FL 321172245

New Principal Place of Business:

Current Mailing Address:

1532 STATE AVE., UNIT K
HOLLY HILL, FL 321172245

New Mailing Address:

FEI Number: 59-1879821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JUNE L
1532 STATE AVE
UNIT K
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

WILSON, JUNE L
1532 STATE AVE
UNIT K
HOLLY HILL, FL 32117 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: JUNE L. WILSON

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: WILSON, JUNE L.
Address: 10 STRATFORD PLACE
City-St-Zip: ORMOND BEACH, FL 32174

Title: V (X) Delete
Name: WILSON, JAMES P
Address: 1819 S. FLAGLER AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S () Delete
Name: WILSON, DANNY L
Address: 629 CHEROKEE LANE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, JUNE L
Address: 10 STRATFORD PLACE
City-St-Zip: ORMOND BEACH, FL 32174

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 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: JUNE L. WILSON

MS.

04/13/2007

Electronic Signature of Signing Officer or Director

Date