

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623089

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.

**Current Principal Place of Business:**

500 HIGHWAY 85 NORTH  
P. O. BOX 490  
NICE VILLE, FL 32578 US

**New Principal Place of Business:**

500 HIGHWAY 85 NORTH  
NICE VILLE, FL 32578 US

**Current Mailing Address:**

P.O. BOX 490  
P. O. BOX 490  
NICEVILLE, FL 325880490 US

**New Mailing Address:**

**FEI Number:** 59-1917987      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CAIN, DEBORA  
2416 PARKER DR  
NICEVILLE, FL 32588 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTC  
Name: CAIN, KENNETH  
Address: 2416 PARKER DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: VPTS  
Name: CAIN, DEBORA  
Address: 2416 PARKER DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: M  
Name: HINTON, THOMAS G  
Address: 3308 MCCLAIN DR  
City-St-Zip: CRESTVIEW, FL 32539

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: DEBORA CAIN

VP

01/25/2010

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

\_\_\_\_\_  
Date