

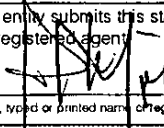


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90046 046 \*\*\*\*61.25

<b>DOCUMENT # 732345</b> 1. Entity Name <b>AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.</b>							
Principal Place of Business <b>2110 WEST CERVANTES PENSACOLA FL 32505</b>			Mailing Address <b>2110 WEST CERVANTES PENSACOLA FL 32505</b>				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>59-1602785</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				 1st MOORE CR2E037 (10/04)			
6. Name and Address of Current Registered Agent <b>MILLER, DEWEY A. 2110 WEST CERVANTES STREET PENSACOLA FL 32505</b>						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.						FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						DATE <b>1/25/05</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete <b>MARSHALL, TOMMY 1027 S. FAIRFIELD DRIVE PENSACOLA FL 32522</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MCCOMBS, JACK P.O. BOX 3656 MILTON, FL 32570</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>MOONEYHAM, GARY PO BOX 799 PENSACOLA FL 32572</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SMITH, JULIAN 9310 BRIDLEWOOD DRIVE PENSACOLA, FL 32526</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>MILLER, DEWEY 2110 WEST CERVANTES ST. PENSACOLA FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KING, DEWAYNE 5463 ALABAMA STREET MILTON, FL 32570</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SMITH, JULIAN 9310 BRIDLEWOOD DRIVE PENSACOLA FL 32526</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BARNES, MIKE 80 EAST NINE MILE ROAD PENSACOLA, FL 32534</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>MARSHALL, TOMMY 1027 SOUTH FAIRFIELD DRIVE PENSACOLA FL 32522</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JONES, DOUG 6745 COMMUNITY DRIVE PENSACOLA, FL 32526</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MCCOMBS, JACK PO BOX 3656 MILTON FL 32570</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.							
<b>SIGNATURE: DEWEY A. MILLER, TREASURER</b>				<b>1/25/05 850-434-7110</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			