

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90023 009 \*\*\*\*61.25

**DOCUMENT # 732345**

1. Entity Name

**AIR CONDITIONING CONTRACTORS ASSOCIATION OF  
NORTHWEST FLORIDA, INC.**



Principal Place of Business

**2110 WEST CERVANTES  
PENSACOLA FL 32505**

Mailing Address

**2110 WEST CERVANTES  
PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1602785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DEWEY A  
2110 WEST CERVANTES STREET  
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCOMBS, JACK P.O. BOX 3656 MILTON FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, JULIAN 9310 BRIDLEWOOD DRIVE PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, DEWEY 2110 WEST CERVANTES ST. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, DEWAYNE 5463 ALABAMA STREET MILTON FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARSHALL, TOMMY 1027 SOUTH FAIRFIELD DRIVE PENSACOLA FL 32522	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, MIKE 80 EAST NINE MILE ROAD PENSACOLA FL 32534	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Leonard Smith 305 W. Detroit Blvd. Pensacola, FL 32534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Doug Jones 6745 Community Dr Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Bill Mayo 4129 North Davis Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jimmy Cotton 5888 Saufley Pines Rd Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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.

SIGNATURE: Dewey A. Miller

3/9/06

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