

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 041 *****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 - No P.O. Box #
8297 HICKORY HAMMOCK RD.

3. Mailing Address
8297 HICKORY HAMMOCK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MILTON, FL

City & State
MILTON, FL

4. FEI Number

59-1602785

Applied For

Not Applicable

Zip
32583

Country
SANTA ROSA

Zip
32583

Country
SANTA ROSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

JONATHAN WINGATE

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

8297 HICKORY HAMMOCK RD.

City

MILTON

FL

Zip Code
32583

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 **DEWEY A. MILLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3/19/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **SMITH, LEONARD**
STREET ADDRESS **305 W DETROIT BLVD**
CITY-STATE-ZIP **PENSACOLA FL 32534**

TITLE **P** ☒ Change ☐ Addition
NAME **Doug Jones**
STREET ADDRESS **6745 Community Dr.**
CITY-STATE-ZIP **Pensacola, FL 32526**

TITLE **VP** ☒ Delete
NAME **JONES, DOUG**
STREET ADDRESS **6745 COMMUNITY DR**
CITY-STATE-ZIP **PENSACOLA FL 32526**

TITLE **VP** ☐ Change ☒ Addition
NAME **Mike Jarmon**
STREET ADDRESS **6373 Simpson Dr.**
CITY-STATE-ZIP **Milton, FL 32570**

TITLE **T** ☒ Delete
NAME **MILLER, DEWEY**
STREET ADDRESS **2110 WEST CERVANTES ST.**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE **S** ☒ Change ☐ Addition
NAME **James Cotton**
STREET ADDRESS **5888 Saufley Pines Rd.**
CITY-STATE-ZIP **Pensacola, FL 32526**

TITLE **S** ☒ Delete
NAME **MAYO, BILL**
STREET ADDRESS **4129 N DAVIS**
CITY-STATE-ZIP **PENSACOLA FL 32503**

TITLE **T** ☐ Change ☒ Addition
NAME **Jonathan Wingate**
STREET ADDRESS **8297 Hickory Hammock Rd.**
CITY-STATE-ZIP **Milton, FL 32583**

TITLE **D** ☒ Delete
NAME **COTTON, JIMMY**
STREET ADDRESS **5888 SAUFLEY PINES RD**
CITY-STATE-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Change ☐ Addition
NAME **Dewey A. Miller**
STREET ADDRESS **2110 W. Cervantes St.**
CITY-STATE-ZIP **Pensacola, FL 32505**

TITLE **D** ☐ Delete
NAME **BARNES, MIKE**
STREET ADDRESS **80 EAST NINE MILE ROAD**
CITY-STATE-ZIP **PENSACOLA FL 32534**

TITLE **D** ☒ Change ☐ Addition
NAME **Leonard Smith**
STREET ADDRESS **305 W. Detroit Blvd.**
CITY-STATE-ZIP **Pensacola, FL 32534**

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 employees.

SIGNATURE: **DEWEY A. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

850-434-7110

Date

Daytime Phone #