## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H42164

City-St-Zip:

WELLINGTON, FL 33414

Entity Name: HORIZON AIR CONDITIONING, INC.

FILED Jun 08, 2009 Secretary of State

•		,				
Current Principal Place of Business:			New F	New Principal Place of Business:		
	OTT AVENUE LM BEACH, FL	33409				
Current M	lailing Addres	s:	New N	lailing Addres	s:	
350 CAMII	NO GARDENS	BLVD				
STE 301	TON, FL 33432	2 US				
	,					
FEI Number	: 59-2495025	FEI Number Applied For	( ) FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Age	ent: Name	and Address o	f New Registered Agent:	
	VICE CORPOR NO GARDENS					
	TON, FL 33432	2 US				
The above in the State	e named entity s e of Florida.	ubmits this statement fo	or the purpose of chang	ing its registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Register	ed Agent		Date	
		3(2)(b), F.S., the corporatio Trust Fund Contribution (		notice.		
OFFICER	S AND DIRECT	rors:	ADDI	TIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PT () CLEVENGER, J. 7200 VENETIAN WEST PALM BE	I WAY	Title: Name: Address City-St		() Change () Addition	
Title: Name: Address: City-St-Zip:	EVD () CLEVENGER, D 7200 VENETIAN WEST PALM BE	IWAY	Title: Name: Address City-St		() Change () Addition	
Title: Name: Address: City-St-Zip:	DC () CLEVENGER, J 7200 VENETIAN W PALM BEACH	I WAY	Title: Name: Address City-St-,		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X) PANETTIERE, C 7316 NW 57TH TAMARAC, FL	DR	Title: Name: Address City-St		() Change () Addition	
Title: Name: Address: City-St-Zip:	CLEVENGER, J. 7200 VENETIAN		Title: Name: Address City-St		() Change () Addition	
Title: Name: Address:	VP () MCMANN, LANC 3717 MOON BA		Title: Name: Address	VP MCMANN, L : 6080 HADD		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

WEST PALM BEACH, FL 33417

SIGNATURE: JANET CLEVENGER PT 06/08/2009