2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H47997

Entity Name: COMFORTTEMP COMPANY

Current Principal Place of Business:	**New Principal Place of Business:**
7050 NW 23 WAY GAINESVILLE, FL 32653 US	

Current Mailing Address:	**New Mailing Address:**
7050 NW 23 WAY GAINESVILLE, FL 32653 US	

FEI Number: 59-2514960   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BOWDOIN, DOUGLAS 255 S. ORANGE AVENUE SUITE 850 ORLANDO, FL 32801 US	

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	S,T	( ) Delete		Title:		( ) Change ( ) Addition
Name:	WORTHMANN, LUCILLE,			Name:		
Address:	4009 W CR 232			Address:		
City-St-Zip:	BELL, FL 32619			City-St-Zip:		

Title:	P	( ) Delete		Title:		( ) Change ( ) Addition
Name:	WORTHMANN, THOMAS			Name:		
Address:	4009 W CR 232			Address:		
City-St-Zip:	BELL, FL 32619			City-St-Zip:		

Title:	VP	( ) Delete		Title:		( ) Change ( ) Addition
Name:	WORTHMANN, ERIK			Name:		
Address:	630 TURKEY CREEK			Address:		
City-St-Zip:	ALACHUA, FL 32615			City-St-Zip:		

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.

SIGNATURE: LUCILLE H. WORTHMANN	S,T	03/19/2009
Electronic Signature of Signing Officer or Director		Date