

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002905

1. Entity Name
**GAINESVILLE AIR CONDITIONING CONTRACTORS
ASSOCIATION INC.**



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

Mailing Address
**PO BOX 357476
GAINESVILLE, FL 32653 US**



01192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2608876

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WORTHMANN, THOMAS W
4009 W CR 232
BELL, FL 32619**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WORTHMANN, THOMAS W**
STREET ADDRESS **4009 W CR 232**
CITY-ST-ZIP **BELL, FL 32619**

TITLE **VP**
NAME **LACOSTE, KEVIN**
STREET ADDRESS **6921 NW 136 STR**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **VP**
NAME **BERTIE, JAMES**
STREET ADDRESS **7902 NW 4 COURT**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **TREA**
NAME **SIKES, DOYLE**
STREET ADDRESS **2915 NE 20 WAY**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000651431
03/09/07-80007-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

1-352-372-3705

Daytime Phone #