

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90057 036 \*\*\*\*61.25

<b>DOCUMENT # N05000002905</b>					
<b>1. Entity Name</b> GAINESVILLE AIR CONDITIONING CONTRACTORS ASSOCIATION INC.					
<b>Principal Place of Business</b> 7050 NW 23 WAY GAINESVILLE, FL 32653 US			<b>Mailing Address</b> PO BOX 357476 GAINESVILLE, FL 32653 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 20-2608876				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WORTHMANN, THOMAS W 4009 W CR 232 BELL, FL 32619			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> WORTHMANN, THOMAS W		<b>TITLE</b> P		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4009 W CR 232	<b>STREET ADDRESS</b> 4009 W CR 232		<b>STREET ADDRESS</b> Bertie, Jim 1730 NE 23 Ave		<b>STREET ADDRESS</b> 1730 NE 23 Ave
<b>CITY-ST-ZIP</b> BELL, FL 32619	<b>CITY-ST-ZIP</b> BELL, FL 32619		<b>CITY-ST-ZIP</b> Gainesville, FL 32609		<b>CITY-ST-ZIP</b> Gainesville, FL 32609
<b>TITLE</b> VP	<b>NAME</b> LACOSTE, KEVIN		<b>TITLE</b> VP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6921 NW 136 STR	<b>STREET ADDRESS</b> 6921 NW 136 STR		<b>STREET ADDRESS</b> McCollum, Bob PO Box 358565		<b>STREET ADDRESS</b> PO Box 358565
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653		<b>CITY-ST-ZIP</b> Gainesville, FL 32635		<b>CITY-ST-ZIP</b> Gainesville, FL 32635
<b>TITLE</b> VP	<b>NAME</b> BERTIE, JAMES		<b>TITLE</b> SEC		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7902 NW 4 COURT	<b>STREET ADDRESS</b> 7902 NW 4 COURT		<b>STREET ADDRESS</b> Bertie, Valorie 1730 NE 23 Ave		<b>STREET ADDRESS</b> 1730 NE 23 Ave
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32607	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32607		<b>CITY-ST-ZIP</b> Gainesville, FL 32609		<b>CITY-ST-ZIP</b> Gainesville, FL 32609
<b>TITLE</b> TREA	<b>NAME</b> SIKES, DOYLE		<b>TITLE</b> Trea		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2915 NE 20 WAY	<b>STREET ADDRESS</b> 2915 NE 20 WAY		<b>STREET ADDRESS</b> Crouch, Tim 2915 NE 20th way		<b>STREET ADDRESS</b> 2915 NE 20th way
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32609	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32609		<b>CITY-ST-ZIP</b> Gainesville, FL 32609		<b>CITY-ST-ZIP</b> Gainesville, FL 32609
<b>TITLE</b> Dir	<b>NAME</b> Newman, Ed		<b>TITLE</b> Dir		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> PO Box 5425	<b>STREET ADDRESS</b> PO Box 5425		<b>STREET ADDRESS</b> Newman, Ed PO Box 5425		<b>STREET ADDRESS</b> PO Box 5425
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32627	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32627		<b>CITY-ST-ZIP</b> Gainesville, FL 32627		<b>CITY-ST-ZIP</b> Gainesville, FL 32627
<b>TITLE</b> Dir	<b>NAME</b> Nottingham, Steve		<b>TITLE</b> Dir		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6512 NW 37 Dr	<b>STREET ADDRESS</b> 6512 NW 37 Dr		<b>STREET ADDRESS</b> Nottingham, Steve 6512 NW 37 Dr		<b>STREET ADDRESS</b> 6512 NW 37 Dr
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653		<b>CITY-ST-ZIP</b> Gainesville, FL 32653		<b>CITY-ST-ZIP</b> Gainesville, FL 32653
<b>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.</b>					
<b>SIGNATURE:</b> <i>Doyle Sikes</i>		<i>Doyle Sikes</i>		3/7/08 352-372-3705	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					