2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# N07000005791

Entity Name: MARION COUNTY AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

12550 S HWY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

12550 S HWY 441
BELLEVIEW, FL 34420

New Mailing Address:

P.O. BOX 2014
BELLEVIEW, FL 34421

FEI Number: 61-1531935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOFFMAN, CANDY C
12550 S . HWY 441
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINER, DAVID
Address: 3101 N. PINE AVE.
City-St-Zip: OCALA, FL 34475 US

Title: VP ( ) Delete
Name: KITZMILLER, LEE W
Address: P.O. BOX 3326
City-St-Zip: BELLEVIEW, FL 34421 US

Title: SEC ( ) Delete
Name: HOFFMAN, CANDY C
Address: 12550 S HWY. 441
City-St-Zip: BELLEVIEW, FL 34420 US

Title: TR. ( ) Delete
Name: HOFFMAN, CANDY C
Address: 12550 S HWY 441
City-St-Zip: BELLEVIEW, FL 34420 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDY C HOFFMAN SEC 03/21/2008
Electronic Signature of Signing Officer or Director — Date