2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
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:

P.O. BOX 2014
BELLEVIEW, FL 34421

New Mailing Address:

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
Name: LEE, KITZMILLER W
Address: P.O. BOX 3326
City-St-Zip: BELLEVIEW, FL 34420 US

Title: VP
Name: PAUL, HOFFMAN A
Address: 12550 S HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420 US

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

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

Title: DIR
Name: THOMAS, GUENETTE
Address: 3730 NE 44TH AVE
City-St-Zip: OCALA, FL 34479 US

Title: DIR
Name: FRANKIE, NICHOLSON
Address: P.O. BOX 3171
City-St-Zip: OCALA, FL 34470 US

I hereby 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 all other like empowered.

SIGNATURE: CANDY C HOFFMAN SEC 02/19/2010

Electronic Signature of Signing Officer or Director — Date