

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033445

FILED
Mar 13, 2008
Secretary of State

Entity Name: THOMPSONS AIR CONDITIONING, INC.

Current Principal Place of Business:

27147 DEL PRADO PARKWAY
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

2200 KINGS HIGHWAY, 3L #64
PORT CHARLOTTE, FL 33980

New Mailing Address:

27147 DEL PRADO PARKWAY
PUNTA GORDA, FL 33983

FEI Number: 52-2241697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, TIMOTHY
2297 HARBOUR DR
PUNTA GORDA, FL 33893 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: THOMPSON, ANNA
Address: 2297 HARBOUR DR.
City-St-Zip: PUNTA GORDA, FL 33983

Title: PRES () Delete
Name: THOMPSON, TIMOTHY
Address: 2297 HARBOUR DR.
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY THOMPSON

PRES

03/13/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date