

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040263

FILED  
May 11, 2009  
Secretary of State

**Entity Name:** BLANCHARD AIR CONDITIONING, INC.

**Current Principal Place of Business:**

3293 CAPRI ROAD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30665  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 65-1003599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANCHARD, STEVE E PRESIDE  
3293 CAPRI ROAD  
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SECR ( ) Delete  
Name: BLANCHARD, STEVEN E SECRETA  
Address: 3293 CAPRI ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STEVEN E. BLANCHARD

PRES

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date