

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT P00000052925

1. Entity Name

TRI-COUNTY AIR CONDITIONING, INC.



Principal Place of Business

1080 ENTERPRISE COURT
NOKOMIS, FL 34275

Mailing Address

1080 ENTERPRISE COURT
NOKOMIS, FL 34275



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1129921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, WILLIAM S
1080 ENTERPRISE COURT
NOKOMIS, FL 34275

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IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWANSON, WILLIAM S
STREET ADDRESS 1080 ENTERPRISE COURT
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE TD
NAME MCCAY, JEFFREY D
STREET ADDRESS 1080 ENTERPRISE COURT
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VD
NAME ABBOTT, RON
STREET ADDRESS 1080 ENTERPRISE CT
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/15/07-80038-009 150.00

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IN THIS SPACE**

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 607, 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.

SIGNATURE

Rennie C. H. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #