

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034073

FILED
May 21, 2009
Secretary of State

Entity Name: WATTS AC MECHANICAL CORPORATION

Current Principal Place of Business:

1865 SE AIRPORT RD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1865 SE AIRPORT RD.
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1099801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAZI, LEIF J ESQ
217 E. OCEAN BLVD.
STUART, FL 34994 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: S () Delete
Name: WORRELL, JOHN
Address: 1865 SE AIRPORT RD.
City-St-Zip: STUART, FL 34996

Title: P () Delete
Name: WORRELL, JOHN
Address: 1865 S.E. ARIPORT RD.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MURPHY, LORRAINE
Address: 1865 SE AIRPORT RD.
City-St-Zip: STUART, FL 34996

Title: P (X) Change () Addition
Name: LAUGHLIN, DOUGLAS A
Address: 1865 S.E. ARIPORT RD.
City-St-Zip: STUART, FL 34996

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: DOUGLAS A. LAUGHLIN

P

05/21/2009

Electronic Signature of Signing Officer or Director

Date