

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036462

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** JACK WINTERS AIR CONDITIONING, INC.

**Current Principal Place of Business:**

200 LAKE HOWARD DR SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

200 LAKE HOWARD DR SW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 59-3720883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERS, JACK  
200 LAKE HOWARD DR SW  
WINTER HAVEN, FL 33880 US

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

WINTERS, JACK E PRESIDE  
200 LAKE HOWARD DR SW  
WINTER HAVEN, FL 33880 US

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:** JACK E WINTERS

03/31/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST ( ) Delete  
**Name:** WINTERS, JACK  
**Address:** 200 LAKE HOWARD DR SW  
**City-St-Zip:** WINTER HAVEN, FL 33880

**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:** JACK E WINTERS

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date