


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000058871</b>	
1. Entity Name <b>AAA CONSTANT COMFORT, INC.</b>	

Principal Place of Business 112 Saralan Ct. Crawfordville, FL 32327-2307	Mailing Address PO BOX 1476 CRAWFORDVILLE, FL 32326
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-2980384</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MACDONALD, JAMES 112 SARALAN CIRCLE CRAWFORDVILLE, FL 32327</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000777877  
01/10/08-80026-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MACDONALD, JAMES 112 SARALAN CIRCLE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V FESMIRE, ROBIN 2404 GOTHIC DR. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MACDONALD, PATRICIA 112 SARALAN CIRCLE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
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: *Patricia Macdonald* *Patricia Macdonald* 1-7-08 850-926-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #