

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058871

FILED
Feb 24, 2009
Secretary of State

Entity Name: AAA CONSTANT COMFORT, INC.

Current Principal Place of Business:

PO BOX 1476
CRAWFORDVILLE, FL 32326

New Principal Place of Business:

112 SARALAN COURT
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 1476
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 74-2980384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, JAMES
112 SARALAN CIRCLE
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: MACDONALD, JAMES
Address: 112 SARALAN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: FESMIRE, ROBIN
Address: 2404 GOTHIC DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: MACDONALD, PATRICIA
Address: 112 SARALAN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MACDONALD, JAMES MR.
Address: 112 SARALAN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V PR (X) Change () Addition
Name: FESMIRE, ROBIN C MR.
Address: 620 S. HILL ST.
City-St-Zip: MONTICELLO, FL 32303

Title: ST (X) Change () Addition
Name: MACDONALD, PATRICIA A MRS.
Address: 112 SARALAN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JAMES MACDONALD

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date