2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# P01000120392

Entity Name: PERFECT-CLIMATE HEATING AND AIR CONDITIONING, INC.

Current Principal Place of Business:

11232 ST. JOHNS INDUSTRIAL PKWY.
SUITE #4 & 5
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3543 HIGHLAND GLEN CT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 26-0009302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAVERS, BOBBY L
3543 HIGHLAND GLEN CT
JACKSONVILLE, FL 32224 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BEAVERS, BOBBY L
Address: 3543 HIGHLAND GLEN CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Delete
Name: HARPER, JAMIE L
Address: 11232 ST. JOHNS INDUSTRIAL PKWY. STE. #4 &
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Delete
Name: ZITTRAUER, WENDY R
Address: 11232 ST. JOHNS INDUSTRIAL PKWY. STE. #4-5
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Delete
Name: HARPER, THOMAS M
Address: 11232 ST. JOHNS INDUSTRIAL PKWY. STE.#4-5
City-St-Zip: JACKSONVILLE, FL 32246

Title: DIR ( ) Delete
Name: BEAVERS, BOBBY L
Address: 3543 HIGHLAND GLEN CT.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BOBBY L. BEAVERS PRES 08/25/2009

Electronic Signature of Signing Officer or Director — Date