

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006753

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: AIR SOLUTIONS HEATING AND COOLING, INC.

## Current Principal Place of Business:

4533 HIGHWAY AVE  
JACKSONVILLE, FL 32254

## New Principal Place of Business:

2575 EDISON AVE  
JACKSONVILLE, FL 32204

## Current Mailing Address:

4533 HIGHWAY AVE  
JACKSONVILLE, FL 32254

## New Mailing Address:

2575 EDISON AVE  
JACKSONVILLE, FL 32204

FEI Number: 04-3589598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCZALE, LESLIE S  
9170 LATIMER RD WEST  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

COTHREN, BRIAN  
2575 EDISON AVE  
JACKSONVILLE, FL 32204 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: BRIAN COTHREN

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COTHREN, BRIAN D  
Address: 7686 RIVER AVE.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete  
Name: QUILLEN, WILLIAM E SR  
Address: 1403 STARWAN RD. E.  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRIAN COHTREN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date