

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023823

Entity Name: COURTESY AIR & APPLIANCE, INC.

FILED
Feb 22, 2009
Secretary of State

Current Principal Place of Business:

160 WEST EVERGREEN ST SUITE 121-A
LONGWOOD, FL 32750

New Principal Place of Business:

160 WEST EVERGREEN STREET
SUITE 121-A
LONGWOOD, FL 32750

Current Mailing Address:

COURTESY AIR&APPLIANCE INC
PO BOX 952545
LAKE MARY, FL 32795

New Mailing Address:

COURTESY AIR & APPLIANCE INC
PO BOX 952545
LAKE MARY, FL 32795

FEI Number: 03-0405977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCKEY, WILLIAM A
160 WEST EVERGREEN ST SUITE 121-A
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

STUCKEY, WILLIAM A
160 WEST EVERGREEN STREET
SUITE 121-A
LONGWOOD, FL 32750 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: WILLIAM A STUCKEY

02/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STUCKEY, WILLIAM A
Address: 943 PINE ST.
City-St-Zip: OVIEDO, FL 32765

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: WILLIAM A STUCKEY

PRES

02/22/2009

Electronic Signature of Signing Officer or Director

Date