## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000121728

City-St-Zip: OCALA, FL 34481

Entity Name: ACCURATE AIR & APPLIANCE SERVICES, INC.

FILED Apr 02, 2009 Secretary of State

| Current P                                     | rincipal Plac                                       | e of Business:                 | New Principal Place                          | New Principal Place of Business:             |  |
|---|---|--------------------------------|--|--|--|
| P O BOX 770784<br>OCALA, FL 34477             |   |                                | 11652 SW 43RD STRI<br>OCALA, FL 34481        | 11652 SW 43RD STREET ROAD<br>OCALA, FL 34481 |  |
| Current M                                     | lailing Addre                                       | ss:                            | New Mailing Address:                         |  |  |
| P O BOX 770784<br>OCALA, FL 34477             |   |                                | 11652 SW 43RD STREET ROAD<br>OCALA, FL 34481 |  |  |
| FEI Number                                    | : 27-0071759  | FEI Number Applied For ( )     | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |                                | Name and Address of New Registered Agent:    |  |  |
| OCALA, F                                      | ′ 43RD ST RD<br>L 34481 U                           | S                              | purpose of changing its registered           | d office or registered agent, or both,       |  |
| SIGNATU                                       |   |                                |  |  |  |
|   | Electro   | nic Signature of Registered Ag | gent   | Date   |  |
| Election Car                                  | mpaign Financin                                     | g Trust Fund Contribution ( ). |  |  |  |
| OFFICERS AND DIRECTORS:                       |   |                                | ADDITIONS/CHANGE                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>SCOTT, H. DA<br>11652 SW 43F<br>OCALA, FL 34 | RD ST RD                       | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                        |  |
| Title:<br>Name:                               | D (<br>SCOTT, MELIS                                 |                                | Title:<br>Name:<br>Address:                  | () Change () Addition                        |  |

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: MELISSA SCOTT D 04/02/2009