## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000129317

City-St-Zip: ALTHA, FL 32421 US

Entity Name: JEMISON HEATING & COOLING, INC

FILED Apr 28, 2009 Secretary of State

y		THE THING & GOODING, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
22417 NW ALTHA, Fl	/ WATSON RI L 32421	D.			
Current Mailing Address:			New Mailing Address:		
22417 NW ALTHA, Fl	/ WATSON RI L 32421	D.			
FEI Number	: 35-2218660	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
JEMISON, 22417 NW ALTHA, FI	WATSON RE	_			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( JEMISON, DAV 22417 NW WA ALTHA, FL 32	TSON RD.	Title: Name: Address: City-St-Zip:	P/VP (X) Change ( ) Addition JEMISON, DAVID A 22417 NW WATSON RD. ALTHA, FL 32421 US	
Title: Name: Address: City-St-Zip:	S ( PRICE, LUKE 10419 CR 274 ALTHA, FL 32		Title: Name: Address: City-St-Zip:	S/T (X) Change ( ) Addition GOLDEN, SCOTT 15822 NW POLLY P. BOGGS RD. LOT M ALTHA, FL 32421 US	
Title: Name: Address: City-St-Zip:	GOLDEN, SC	LLY P BOGGS RD. LOT M	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP (X JEMISON, DAN 22417 NW	i) Delete /ID A	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: DAVID JEMISON P 04/28/2009