

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139683

Entity Name: THERMACOR SOUTHEAST, INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

2012 SOUTH COMBEE RD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1670 E. HICKS FIELD RD
FORT WORTH, TX 76179 US

New Mailing Address:

FEI Number: 72-1576754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KEYES, JOSEPH A PRES
Address: 1670 EAST HICKS FIELD ROAD
City-St-Zip: FORT WORTH, TX 76179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CONT () Change (X) Addition
Name: KERZMAN, CAROLINE B
Address: 1670 EAST HICKS FIELD ROAD
City-St-Zip: FORT WORTH, TX 76108

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: CAROLINE KERZMAN

CONT

01/26/2009

Electronic Signature of Signing Officer or Director

Date