2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144288

KEEBLER, HELEN

City-St-Zip: PALM CITY, FL 34990

11763 SW VALENCIA CT.

Name:

Address:

Entity Name: JIM KEEBLER AIR CONDITIONING, INC

FILED Mar 02, 2009 Secretary of State

Entity Name: JIM REEBLER AIR CONDITIONING, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VALENCIA C' Y, FL 34990	Т			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	VALENCIA C Y, FL 34990	Т			
FEI Number:	: 56-2421131	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
KEEBLER, HORACE "JIM" 11763 SW VALENCIA CT PALM CITY, FL 34990 US				KEEBLER, HORACE 11763 SW VALENCIA CT PALM CITY, FL 34990 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: HORACE KEEBLER				03/02/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD (KEEBLER, HO 11763 SW VAL PALM CITY, FL	ENCIA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (KEEBLER, KEI 11763 SW VAL PALM CITY, FL	ENCIA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T KEEBLER, JAN 11763 SW VAL PALM CITY, FL	ENCIA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HORACE KEEBLER PRES 03/02/2009