

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000052591

1. Entity Name  
BEACHSIDE AIR CONDITIONING, INC.



**FILED  
Jan 22, 2008 8:00 am  
Secretary of State**

01-22-2008 90081 001 \*\*\*158.75

Principal Place of Business  
161 GOLDSBY ROAD  
STE E3  
SANTA ROSA BEACH, FL 32459

Mailing Address

161 GOLDSBY ROAD  
STE E3  
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #

48 Commerce Lane

Suite, Apt. #, etc.

Suite 1

City & State

Freeport Florida

Zip

32439

Country

Walton

3. Mailing Address

P.O. Box 1043

Suite, Apt. #, etc.

City & State

Freeport Florida

Zip

32439

Country

Walton

6. Name and Address of Current Registered Agent

MILLER, J. J  
415 MOUNTAIN DRIVE  
SUITE 3  
DESTIN, FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KIESS, JEFFREY O  
STREET ADDRESS 311 JUNIPER STREET  
CITY-ST-ZIP DESTIN, FL 32541

Delete

TITLE V  
NAME SIVERLING, RYAN K  
STREET ADDRESS 123 VILLAGE LANE  
CITY-ST-ZIP FREEPORT, FL 32439

Delete

TITLE S  
NAME KIESS, JEFFREY O  
STREET ADDRESS 311 JUNIPER STREET  
CITY-ST-ZIP DESTIN, FL 32541

Delete

TITLE T  
NAME SIVERLING, RYAN K  
STREET ADDRESS 123 VILLAGE LANE  
CITY-ST-ZIP FREEPORT, FL 32439

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey O. Kiss President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 850-835-0254

Date

Daytime Phone #



01092008 Chg-P CR2E034 (12/06)