2008 FOR PROFIT CORPORATION ANNUAL REPORT							
DOCUMENT # P04000058264 1. Entity Name WHITE'S AIR CONDITIONING, INC.				FILED Jul 29, 2008 08:00 AM Secretary of State			
Principal Place of Business Mailing Address 18650 SR 20 W 18650 SR 20 W BLOUNTSTOWN, FL 32424 - BLOUNTSTOWN, FL 32424				* t incoming of anity			
			-		No Chg-P		
DO NOT WRITE IN THIS SPAC			CE	07072008 4. FEI Number 20-145752		CR2E034 (1	Applied For Not Applicable
				5. Certificate of S			5 Additional Required
	6. Name and Address of Current Re	listered Agent		[
WHITE, GEORGE B 18650 SR 20 W BLOUNTSTOWN, FL 32424			يو معام حيث هو	DO N		RITE	
				IN TH	HIS SP	ACE	
8. The above	named entity submits this statement for th	a purpose of changing its register	ed office or register	ed agent, or both, in	, . the State of Flori	da. Lam familia	ar with, and accept
	ions of registered agent.						
SIGNATURE	Signature, typed or primed name of regulatived agent and t	te f applicable. (NOTE: Registore	d Agent agneture required	when reinstating)		DATE	a second a s
FI	LE NOWIN FEE 18 \$550.00	Constant and the second s	icing 5.	.00 May Be ed to Fees	1777 (2004) 	، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،	a gillario, bis sy
10.	OFFICERS AND DIF	ECTORS	ζι 	_	· .		
TITLE NAME STREET ADDRESS	P WHITE, GEORGE B 18650 SR 20 W	·		· · · U	U00000 17/29/08-8		3 550.00
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424						<i>e</i> ,
title Name Street address	D WHITE, MATTHEW L 20252 NW CR 275			·. · · ·		• .	
CITY-ST-ZIP TITLE	ALTHA, FL 32421					٤	
NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, JIMMY L 18650 SR 20 W BLOUNTSTOWN, FL 32424			DO N		RITE	· .
TITLE	BLOUN 1310WWN, FL 32424			IN THIS SPACE			
NAME Street Address City-st-zip							
TITLE	,	······	· · ·			~ .	
NAME Street Address City - St - Zp	n - Constant Constant An - Constant		· .			. (.	
. TITLE		·····				•	
STREET ADDRESS		<u>Anna Anna</u> Anna Anna Anna Anna Anna Anna Anna Anna Anna		ម្នាល ស្រុកទ ម្នាល ស្រុកទ រ	ميد هغوان ، معرفي مير بين مريد الم م	••••••••••••••••••••••••••••••••••••••	···· • • · · · · · · · · · · · · · · ·
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 attactment with an address, with all other like empowered.							
SIGNATURE AND TYPED ON PRAVILED NAME OF SIGNING OFFICEN ON DIRECTOR 1/26/08 850-674-8538							

L