2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134497

VERGO, STEVEN W

118 S. BARFIELD DRIVE SUITE E

MARCO ISLAND, FL 34145

Name:

Address:

City-St-Zip:

Entity Name: ACCLIDATE COMEODT SEDVICE

FILED Feb 20, 2009 Secretary of State

Entity Name: ACCURATE COMFORT SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 118 S. BARFIELD DRIVE SUITE E MARCO ISLAND, FL 34145 **New Mailing Address: Current Mailing Address:** 118 S. BARFIELD DRIVE SUITE E MARCO ISLAND, FL 34145 FEI Number: 20-1673579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DENTI, KEVIN A DENTI, KEVIN A 821 FIFTH AVENUE SOUTH 2180 IMMOKOLEE ROAD SUITE 201 SUITE 216 NAPLES, FL 34110 US NAPLES, FL 34102 US 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: 02/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VERGO, DOMINICK JOSPH Name: Name: 118 S. BARFIELD DRIVE, SUITE E Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: DS Title: () Delete () Change () Addition Name: VERGO, JOSEPH DOMINCK Name: 118 S. BARFIELD DRIVE, SUITE E Address: Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition VERGO, DAVID JOSEPH Name: Name: 118 S. BARFIELD DRIVE, SUITE E Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: DT () 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: STEVEN W. VERGO DT 02/20/2009