

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153733

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DUCTLESS HVAC SUPPLY, INC.

**Current Principal Place of Business:**

307 BARCLAY AVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

2135 SUGARLOAF CT  
DUPO, IL 62239

**New Mailing Address:**

FEI Number: 41-2157387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAFORGE, KENNETH G JR  
307 BARCLAY AVE  
ALTAMONTE, FL 32701 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: SEC ( ) Delete  
Name: HUGHES, GINA M  
Address: 310 LOUISA AVE  
City-St-Zip: DUPO, IL 62239

Title: PRES ( ) Delete  
Name: CHIASSON, NOVA J  
Address: 2135 SUGARLOAF CT.  
City-St-Zip: DUPO, IL 62239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: NOVA CHIASSON

PRES

01/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date