

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122586

FILED  
May 01, 2009  
Secretary of State

Entity Name: A/C SOLUTIONS OF CENTRAL FL, INC

## Current Principal Place of Business:

7760 SW 12 ST  
OCALA, FL 34474 US

## New Principal Place of Business:

3395 SW 74TH AVE  
OCALA, FL 34474 US

## Current Mailing Address:

7760 SW 12 ST  
OCALA, FL 34474 US

## New Mailing Address:

3395 SW 74TH AVE  
OCALA, FL 34474 US

FEI Number: 20-3426571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONTRACTORS REPORTING SERVICE, INC  
2001 W BUSCH BLVD  
A  
TAMPA, FL 33612 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete  
Name: ERHARDT, CLIFTON T  
Address: 7760 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: VP ( ) Delete  
Name: BENJAMIN, GEORGE  
Address: 4645 SE 142ND LN  
City-St-Zip: SUMMERFIELD, FL 34491 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: ERHARDT, CLIFTON T  
Address: 8509 SW 136TH LOOP  
City-St-Zip: OCALA, FL 34473 US

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: CLIFF ERHARDT

P

05/01/2009

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

\_\_\_\_\_  
Date