

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000095777

FILED
Jul 08, 2009
Secretary of State**Entity Name:** ABSOLUTE ZERO AIR CONDITIONING INCORPORATED**Current Principal Place of Business:**197 HAMMOCK OAK CIRCLE
DEBARY, FL 32713**New Principal Place of Business:****Current Mailing Address:**197 HAMMOCK OAK CIRCLE
DEBARY, FL 32713**New Mailing Address:****FEI Number:** 61-1539995**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRINCE, KATHY
197 HAMMOCK OAK CIRCLE
DEBARY, FL 32713 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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DONER, STEVEN M
Address: 4101 DEVALIA DR
City-St-Zip: BROOKSVILLE, FL 34604**Title:** VPD () Delete
Name: KILDERN, JOHN
Address: 3702 CARROLLWOOD PLACE CIRCLE, APT 107
City-St-Zip: TAMPA, FL 33624**Title:** STD () Delete
Name: PRINCE, KATHY
Address: 197 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: DEGRAW, JIM
Address: 2307 OLD MEADOWBROOK CIR
City-St-Zip: BONITA SPRINGS, FL 34134

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: KATHY L PRINCE

STD

07/08/2009

Electronic Signature of Signing Officer or Director

Date