2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052085

Entity Name: T & C COOLING & HEATING INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3126 AMANDA CIRCLE PANAMA CITY, FL 32404 US

Current Mailing Address: New Mailing Address:

3126 AMANDA CIRCLE PANAMA CITY, FL 32404 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GREENE, TIMOTHY B GREENE, SONYA K 3126 AMÁNDA CIRCLE 3126 AMÁNDA CIRCLE PANAMA CITY, FL 32404 US PANAMA CITY, FL 32404 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: SONYA K GREENE 03/09/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GREENE, TIMOTHY B Name: Name: GREENE, SONYA K 3126 AMANDA CIRCLE 3126 AMANDA CIRCLE Address: Address: City-St-Zip:

PANAMA CITY, FL 32404 US City-St-Zip: PANAMA CITY, FL 32404 US

Title: Title: VΡ (X) Change () Addition () Delete Name: BREITENBACH, CHARLIE Name: GREENE, TIMOTHY B 3126 AMANDA CIRCLE 3126 AMANDA CIRCLE Address: Address: PANAMA CITY, FL 32404 US PANAMA CITY, FL 32404 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

GREENE, SONYA K Name: Name: 3126 AMANDA CIRCLE Address: Address: City-St-Zip: PANAMA CITY, FL 32404 US 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: SONYA GREENE PD 03/09/2009