

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000025329

FILED  
Mar 13, 2010  
Secretary of State

Entity Name: AIR CONDITION PHYSICIAN, INC.

**Current Principal Place of Business:**

1783 BLUE OAK COURT  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1783 BLUE OAK COURT  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 26-4509563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAGAN, TIMOTHY J  
1783 BLUE OAK COURT  
DELAND, FL 32720 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: P  
Name: HAGAN, TIMOTHY J  
Address: 1783 BLUE OAK COURT  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: LUCAS, THOMAS A  
Address: 521 FLAGLER STREET  
City-St-Zip: DELTONA, FL 32725

Title: T  
Name: LUCAS, THOMAS A  
Address: 521 FLAGER STREET  
City-St-Zip: DELTONA, FL 32725

Title: S  
Name: HAGAN, TIMOTHY J  
Address: 1783 BLUE OAK COURT  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY J. HAGAN

PRES

03/13/2010

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

\_\_\_\_\_ Date