

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075895

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FAMILY A/C SERVICE SOLUTIONS, INC.

**Current Principal Place of Business:**

6771 NORTH PALAFOX  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1349  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 90-0614609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCINNIS, JEFFREY C ESQUIRE  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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: DIR  
Name: GOMEZ, FRANKLIN B JR.  
Address: 2254 RESERVATION ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: DIR  
Name: FOWLER, SONYA  
Address: 5900 PILGRIM TRAIL WEST  
City-St-Zip: MOLINO, FL 32577

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: BEN GOMEZ

PRES

04/29/2011

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

\_\_\_\_\_  
Date