

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000023816

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** SALVATION A/C AND HEATING, INC.

**Current Principal Place of Business:**

2371 SIPES AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

1585 RANDOLPH ST  
DELTONA, FL 32725

**Current Mailing Address:**

2371 SIPES AVE  
SANFORD, FL 32771

**New Mailing Address:**

1585 RANDOLPH ST  
DELTONA, FL 32725

**FEI Number:** 27-5467984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BURKE, ALICIA N  
2371 SIPES AVE  
SANFORD, FL 32771 US

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

BURKE, ALICIA N  
1585 RANDOLPH ST  
DELTONA, FL 32725 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:**

03/22/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BURKE, ALICIA N  
**Address:** 1585 RANDOLPH ST  
**City-St-Zip:** DELTONA, FL 32725

**Title:** VP  
**Name:** BURKE, ROBERTA  
**Address:** 2979 DERBY DR  
**City-St-Zip:** DELTONA, FL 32738

**Title:** VP  
**Name:** BURKE, H BARRINGTON JR  
**Address:** 1585 RANDOLPH ST  
**City-St-Zip:** DELTONA, FL 32725

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:** ALICIA N BURKE

PRES

03/22/2012

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

\_\_\_\_\_  
Date