

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000030006

1. Entity Name
J.B. AIR CONDITIONING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

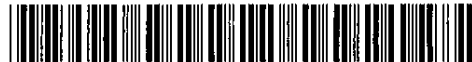
10 JUL -6 AM 9:14

Principal Place of Business
520 44TH STREET COURT WEST
PALMETTO, FL 34221

Mailing Address
520 44TH STREET COURT WEST
PALMETTO, FL 34221

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



05112010 Chg-P CR2E034 (11/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3049946

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHOLOMEW, JOHN
520 44TH STREET COURT WEST
PALMETTO, FL 34221

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME BARTHOLOMEW, JOHN L
STREET ADDRESS 520 44TH STREET COURT WEST
CITY- ST- ZIP PALMETTO, FL 34221 ☐ Delete

TITLE
NAME VP
STREET ADDRESS BARTHOLOMEW, CRYSTAL Y
CITY- ST- ZIP 520 44TH ST CTW PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS- IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
900180699569
05/11/10--0102--010 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
B 7/28/10

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1191, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per conversation with Mrs. Crystal Bartholomew her husband John should