

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067065

Entity Name: BEACHSIDE HEAT 'N AIR, INC.

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

317 CR 330
UNIT 5
BUNNELL, FL 32136 US

Current Mailing Address:

P.O. BOX 479
FLAGLER BCH, FL 32136 US

New Principal Place of Business:

317 CR 330
UNIT B
BUNNELL, FL 32136 US

New Mailing Address:

FEI Number: 59-3204785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, THEODORE B
1331 N DAYTONA
FLAGLER BEACH, FL 32136 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 () Delete
Name: JOHNSON, THEODORE B
Address: 1331 N. DAYTONA AVE.
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP () Delete
Name: JOHNSON, PEGGY A
Address: 1331 N. DAYTONA AVE.
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: STY () Delete
Name: JOHNSON, THEODORE B
Address: 1331 N. DAYTONA AVE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: TRES () Delete
Name: JOHNSON, THEEODORE B
Address: 1331 N. DAYTONA AVE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: DIR () Delete
Name: ROBERT M JOHNSON P.E. ,
Address: 42 SOCO TR.
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: JOHNSON, ROBERT M
Address: 42 SOCO TR.
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
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: THEODORE B. JOHNSON

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

_____ Date