

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000060022

Entity Name: A/C SPECIALISTS, INC.

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

15433 N FLORIDA AVE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

15433 N FLORIDA AVE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3260021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSTON, DAVID J
15433 N FL. AVE
TAMPA, FL 33613 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: P () Delete
Name: WINSTON, DAVID J
Address: 15433 N. FL. AVE
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: WINSTON, MARY F
Address: 15433 N FL AVENUE
City-St-Zip: TAMPA, FL 33613

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: WINSTON, TIMOTHY D
Address: 15433 N FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

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: DAVID J. WINSTON

P

07/12/2007

Electronic Signature of Signing Officer or Director

Date