2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# P94000087723

Entity Name: MCLAINS AIR CONDITIONING SERVICE INC.

Current Principal Place of Business:

9950 QUAIL HOLLOW RD
N FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3996
N FT MYERS, FL 33918

New Mailing Address:

FEI Number: 65-0535796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MCLAIN, MARILYN M ST
9950 QUAIL HOLLOW RD
NORTH FORT MYERS, FL, FL 33917 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: MARILYN MCLAIN 03/20/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLAIN, GREG M
Address: 9950 QUAIL HOLLOW RD
City-St-Zip: NORTH FORT MYERS, FL 33971

Title: VP ( ) Delete
Name: MCLAIN, BRANDEN R
Address: 1122 ANGELO AVE
City-St-Zip: LEHIGH ACRES, FL 33917

Title: ST ( ) Delete
Name: MCLAIN, MARILYN M
Address: 9950 QUAIL HOLLOW ROAD
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLAIN, GREG M
Address: 9950 QUAIL HOLLOW RD
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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: MARILYN MCLAIN ST 03/20/2008
Electronic Signature of Signing Officer or Director Date