

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057637

FILED  
Aug 20, 2008  
Secretary of State

Entity Name: AIR HANDLERS CLEAN AIR CONCEPTS, INC.

## Current Principal Place of Business:

1109 OLD OKEECHOBEE RD.  
6  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 17011  
WEST PALM BEACH, FL 33416

## New Mailing Address:

FEI Number: 65-0599032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCROGGINS, WILLIAM  
137 LAKE DORA  
WEST PALM BEACH, FL 33411 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: SCROGGINS, WILLIAM H  
Address: PO BOX 17011  
City-St-Zip: W PALM BEACH, FL 33416

Title: VP ( ) Delete  
Name: SCROGGINS, JONATHAN D  
Address: PO BOX 17011  
City-St-Zip: WEST PALM BEACH, FL 33416

Title: T ( ) Delete  
Name: SCROGGINS, ZACHARY  
Address: PO BOX 17011  
City-St-Zip: WEST PALM BEACH, FL 33416

## 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:

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: WILLIAM SCROGGINS

PS

08/20/2008

Electronic Signature of Signing Officer or Director

Date