

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000032016

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** A/C ELECTRIC SERVICE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

5815 WASHINGTON  
#103  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6017 PINE RIDGE ROAD  
#244  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 59-3502804      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLONE, ANTHONY  
6017 PINE RIDGE ROAD  
#244  
NAPLES, FL 34119 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: DP  
Name: CARLONE, ANTHONY  
Address: 6017 PINE RIDGE RD., #244  
City-St-Zip: NAPLES, FL 34119

Title: DVP  
Name: CARLONE, LORRAINE  
Address: 6017 PINE RIDGE RD., #244  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE CARLONE

DVP

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date