

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094265

FILED
Jan 30, 2007
Secretary of State

Entity Name: TOTAL COMFORT SOLUTIONS, INC.

Current Principal Place of Business:

1693 ASTON HALL COURT
JACKSONVILLE, FL 32246

New Principal Place of Business:

412 FRIAR TUCK LANE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

3545-1 ST. JOHNS BLUFF RD. SOUTH
SUITE 316
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3605193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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: VPD () Delete
Name: PARKER, JOSEPH K
Address: 4566 MAINMAST LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: WILLIAMS, THOMAS N
Address: 521 HONEY LOCUST LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: CREWS, MICHAEL W
Address: 135 JANELLE LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: WILLIAMS, THOMAS A
Address: 1693 ASTON HALL CT.
City-St-Zip: JACKSONVILLE, FL 32246

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: S (X) Change () Addition
Name: WILLIAMS, THOMAS A
Address: 412 FRIAR TUCK LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM WILLIAMS

S

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date