2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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Entity Name: TOTAL COMFORT SOLUTIONS, INC.

Current Principal Place of Business:

412 FRIAR TUCK LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: VPD
Name: PARKER, JOSEPH K
Address: 5107 CREEK CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

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

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

Title: S
Name: WILLIAMS, THOMAS A
Address: 412 FRIAR TUCK LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: THOMAS A WILLIAMS S 01/10/2011

Electronic Signature of Signing Officer or Director — Date