

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 661671

Entity Name: EDD HELMS AIR CONDITIONING, INC.**Current Principal Place of Business:**17850 NE 5TH AVE
MIAMI, FL 33162-8008**Current Mailing Address:**17850 NE 5TH AVE
MIAMI, FL 33162-8008**FEI Number:** 59-1988899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELMS, WADE
17850 N.E. 5TH AVENUE
MIAMI, FL 33162 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | PRESIDENT, CEO, DIRECTOR |
| Name | HELMS, WADE |
| Address | 17850 NE 5TH AVE |
| City-State-Zip: | MIAMI FL 33162-8008 |

| | |
|-----------------|--|
| Title | SECRETARY, TREASURER, CFO, DIRECTOR |
| Name | GOODSON, DEAN |
| Address | 17850 NE 5TH AVE |
| City-State-Zip: | MIAMI FL 33162-8008 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | HELMS, DAVID A |
| Address | 17850 NE 5TH AVE |
| City-State-Zip: | MIAMI FL 33162-8008 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | FREEDLAND, MICHAEL |
| Address | 17850 NE 5TH AVE |
| City-State-Zip: | MIAMI FL 33162-8008 |

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: L. WADE HELMS**PRESIDENT****02/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date