

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000049917

**Entity Name:** FLORIDA AC EXPERTS INC.

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC3189597993**

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 804  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 804  
JACKSONVILLE, FL 32224

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

FEELY, SCOTT B  
11555 CENTRAL PARKWAY  
SUITE 804  
JACKSONVILLE, FL 32224 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 P  
Name ECKES, DAVID  
Address 11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title CFO  
Name FEELY, SCOTT B  
Address 11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title CIO  
Name WILLIS, ROBERT B  
Address 11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title COO  
Name BARKER, GARY  
Address 11555 CENTRAL PARKWAY  
SUITE 804  
City-State-Zip: JACKSONVILLE FL 32224

Title FIELD OPERATIONS OFFICER  
Name COLLINS, ROY P  
Address 11555 CENTRAL PARKWAY  
SUITE 804  
City-State-Zip: JACKSONVILLE FL 32224

*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: SCOTT FEELY**

**CFO**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date