

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094265

Entity Name: TOTAL COMFORT SOLUTIONS, INC.

Current 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

FEI Number: 59-3605193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MC MENAMY, WILLIAM B
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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 VP
Name PARKER, JOSEPH K
Address 5107 CREEK CROSSING DRIVE
City-State-Zip: JACKSONVILLE FL 32226

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

Title SECRETARY, TREASURER
Name WILLIAMS, THOMAS A
Address 412 FRIAR TUCK LANE
City-State-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

CORP SECRETARY

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date