

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 623687

FILED  
Oct 11, 2006  
Secretary of State

**Entity Name:** TOMMY'S TRANSMISSION AND AIR CONDITIONING, INC.

**Current Principal Place of Business:**

1130 S. US HIGHWAY #1  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

1130 S. US HIGHWAY #1  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 65-0174200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARE, DEANNE J  
1130 S. US HIGHWAY #1  
VERO BEACH, FL 32962 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: DEANNE J. HARE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARE, THOMAS E  
Address: 118 S.E. 11TH STREET  
City-St-Zip: VERO BEACH, FL 32962

Title: ST ( ) Delete  
Name: HARE, DEANNE J  
Address: 118 S.E. 11TH STREET  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: HARE, THOMAS F  
Address: 165 SE 12TH ST.  
City-St-Zip: VERO BEACH, FL 32962

Title: T ( ) Delete  
Name: STOTLER, CAROL  
Address: 1850 8TH CT SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: PICKERILL, BRIAN T  
Address: 118 SE 11TH ST  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HARE, THOMAS G  
Address: 165 SE 12TH ST.  
City-St-Zip: VERO BEACH, FL 32962

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEANNE J. HARE

ST

10/11/2006

Electronic Signature of Signing Officer or Director

Date