

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 623687

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



Principal Place of Business
**1130 S. US HIGHWAY #1
VERO BEACH, FL 32962**

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



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0174200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARE, THOMAS E
STREET ADDRESS	118 S.E. 11TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32962

TITLE	ST
NAME	HARE, DEANNE J
STREET ADDRESS	118 S.E. 11TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32962

TITLE	VP
NAME	HARE, THOMAS G
STREET ADDRESS	185 SE 12TH ST.
CITY- ST- ZIP	VERO BEACH, FL 32962

TITLE	T
NAME	STOTLER, CAROL
STREET ADDRESS	1850 8TH CT SW
CITY- ST- ZIP	VERO BEACH, FL 32962

TITLE	VP
NAME	PICKERILL, BRIAN T
STREET ADDRESS	118 SE 11TH ST
CITY- ST- ZIP	VERO BEACH, FL 32962

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80081-016-15875

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Stotler **Carol Stotler** 4/19/07 772-562-1292
Date Daytime Phone #