

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623687

Entity Name: TOMMY'S TRANSMISSION AND AIR CONDITIONING, INC.**Current Principal Place of Business:**1130 S. US HIGHWAY #1
VERO BEACH, FL 32962**Current Mailing Address:**1130 S. US HIGHWAY #1
VERO BEACH, FL 32962 US**FEI Number: 65-0174200****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HARE, DEANNE J
1130 S. US HIGHWAY #1
VERO BEACH, FL 32962 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	HARE, THOMAS E
Address	146 11TH STREET SW.
City-State-Zip:	VERO BEACH FL 32962

Title	ST
Name	HARE, DEANNE J
Address	146 11TH STREET SW.
City-State-Zip:	VERO BEACH FL 32962

Title	VP
Name	HARE, THOMAS G
Address	165 SE 12TH ST.
City-State-Zip:	VERO BEACH FL 32962

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

Title	VP
Name	PICKERILL, BRIAN T
Address	1725 24TH PLACE SW
City-State-Zip:	VERO BEACH FL 32962

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: CAROL STOTLER**TREASURER****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date