

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 684362

**Entity Name:** FLYNN'S AIR CONDITIONING SERVICE, INC.

**Current Principal Place of Business:**

1323 S.W. THELMA STREET  
C/O BRIAN FLYNN  
PALM CITY, FL 34990

**Current Mailing Address:**

1323 S.W. THELMA STREET  
C/O BRIAN FLYNN  
PALM CITY, FL 34990 US

**FEI Number:** 59-2013037

**Certificate of Status Desired:** No

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

FLYNN, JOSEPH BVP  
1323 S.W. THELMA STREET  
PALM CITY, FL 34990 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 DS  
Name FLYNN, CONSTANCE  
Address 3198 NW DOCKAGE WAY  
City-State-Zip: PALM CITY FL 34990

Title DP  
Name FLYNN, BRIAN  
Address 3198 NW DOCKAGE WAY  
City-State-Zip: PALM CITY FL 34990

Title DV  
Name FLYNN, JOSEPH  
Address 1353 SW THELMA ST  
City-State-Zip: PALM CITY FL 34990

Title DT  
Name MASON, KIM  
Address 1434 SW SEAGULL WAY  
City-State-Zip: PALM CITY FL 34990

*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:** CONSTANCE FLYNN

**SEC**

**04/13/2016**

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

\_\_\_\_\_  
Date