

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90021 012 \*\*\*150.00

**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

34025633



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0174200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE VP  
NAME Thomas G. Hare  
STREET ADDRESS 165 SE 12th ST  
CITY-ST-ZIP Vero Beach, FL 32962 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME DONNIE, STRICKLAND  
STREET ADDRESS 8865 22ND ST.  
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Deanne J. Hare*

Deanne J. HARE

3-1-04

772-562-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #