

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 39262 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

Electronic Signature of Signing Officer or Director

ST

10/11/2006

Date