


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

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0174200	Applied For 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 39262

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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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	P HARE, THOMAS E 118 S.E. 11TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARE, DEANNE J 118 S.E. 11TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARE, THOMAS G 165 SE 12TH ST. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOTLER, CAROL 1850 8TH CT SW VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKERILL, BRIAN T 118 SE 11TH ST VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/07-80081-016-158-75

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: *Carol Stotler* Carol Stotler 4/19/07 772-562-1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #