

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623687

FILED
Apr 09, 2009
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 (X)

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARE, THOMAS E
Address: 146 11TH STREET SW.
City-St-Zip: VERO BEACH, FL 32962

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

Title: VP () Delete
Name: HARE, THOMAS G
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: 1725 24TH PLACE SW
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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

ST

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date