

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623687

FILED
Feb 29, 2012
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 32962 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

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: HARE, THOMAS G
Address: 165 SE 12TH ST.
City-St-Zip: VERO BEACH, FL 32962

Title: T
Name: STOTLER, CAROL
Address: 1850 8TH CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP
Name: PICKERILL, BRIAN T
Address: 1725 24TH PLACE SW
City-St-Zip: VERO BEACH, FL 32962

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: DEANNE J. HARE

ST

02/29/2012

Electronic Signature of Signing Officer or Director

_____ Date