

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90047 010 \*\*\*158.75

**DOCUMENT # 684362**

1. Entity Name

FLYNN'S AIR CONDITIONING SERVICE, INC.



Principal Place of Business

1323 S.W. THELMA STREET  
C/O BRIAN FLYNN  
PALM CITY FL 34990

Mailing Address

1323 S.W. THELMA STREET  
C/O BRIAN FLYNN  
PALM CITY FL 34990



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2013037

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

FLYNN, BRIAN  
1323 S.W. THELMA STREET  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Joseph FLYNN

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

1323 SW Thelma Street

City

Palm City

FL

Zip Code

34990

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3/27/07

Date

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

**After May 1, 2007 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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DST  
FLYNN, CONSTANCE  
1370 S W IBIS ST  
PALM CITY FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DP  
FLYNN, BRIAN  
1370 S W IBIS ST  
PALM CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
- ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DS  
Flynn, Constance  
1370 SW IBIS ST.  
Palm City FL 34990 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DVP  
FLYNN, JOSEPH  
1353 SW Thelma St.  
Palm City FL 34990 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DT  
Mason Kim  
1434 SW Seagull Way  
Palm City, FL 34990 ☐ Change ☒ Addition

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

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

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 exemptions contained in Section 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:

*[Signature]* CONSTANCE FLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

772-283-4114

Daytime Phone #