

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 684362

FILED
Jun 16, 2009
Secretary of State

Entity Name: FLYNN'S AIR CONDITIONING SERVICE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2013037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLYNN, JOSEPH B
1323 S.W. THELMA STREET
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

FLYNN, JOSEPH B VP
1323 S.W. THELMA STREET
PALM CITY, FL 34990 US

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: JOSEPH FLYNN

06/16/2009

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: DS () Delete
Name: FLYNN, CONSTANCE
Address: 1370 S W IBIS ST
City-St-Zip: PALM CITY, FL

Title: DP () Delete
Name: FLYNN, BRIAN
Address: 1370 S W IBIS ST
City-St-Zip: PALM CITY, FL

Title: DV () Delete
Name: FLYNN, JOSEPH
Address: 1353 SW THELMA ST
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: MASON, KIM
Address: 1434 SW SEAGULL WAY
City-St-Zip: PALM CITY, FL 34990

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:

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: CONSTANCE FLYNN

DS

06/16/2009

Electronic Signature of Signing Officer or Director

Date