

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11697

FILED
Mar 13, 2007
Secretary of State

Entity Name: BRIGHTON AIR CONDITIONING, INC.

Current Principal Place of Business:

1901 N POWERLINE RD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1901 N POWERLINE RD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-2692180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, PATRICK
1901 N. POWERLINE RD
POMPANO BEACH, FL 33069 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: SULLIVAN, PATRICK,
Address: 9109 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: VP () Delete
Name: SULLIVAN, PETER,
Address: 15401 75 LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: SULLIVAN, TERRY,
Address: 9109 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: V () Delete
Name: PATRICK SULLIVAN, JR.
Address: 16837 64 PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: PATRICK SULLIVAN

P

03/13/2007

Electronic Signature of Signing Officer or Director

Date