

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021116

FILED
May 01, 2009
Secretary of State

Entity Name: BREVARD AIR & REFRIGERATION, INC.

Current Principal Place of Business:

217 N. GROVE ST.
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

5565 SCHENCK AVE
#2
ROCKLEDGE, FL 32955 US

Current Mailing Address:

217 N. GROVE ST.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

5565 SCHENCK AVE
#2
ROCKLEDGE, FL 32955 US

FEI Number: 90-0070449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAM, SHAFFER G PRES
217 N. GROVE ST.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

ADAM, SHAFFER G PRES
5565 SCHENCK AVE
2
ROCKLEDGE, FL 32955 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: ADAM SHAFFER

05/01/2009

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: P () Delete
Name: SHAFFER, ADAM G P
Address: 460 SABAL AVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VP () Delete
Name: SHAFFER, WALTER J VP
Address: 486 FALMOUTH AVE.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S () Delete
Name: SHAFFER, JENNIFER R S
Address: 460 SABAL AVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAFFER, ADAM G P
Address: 5902 GOLETA CIR
City-St-Zip: VIERA, FL 32940 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHAFFER, JENNIFER R S
Address: 5902 GOLETA CIR
City-St-Zip: VIERA, FL 32940 US

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: ADAM SHAFFER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date