2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009808

Title:

Name:

Address: City-St-Zip:

(X) Delete

DUNN, THOMAS F

866 CHARCOAL AVE. SE

PALM BAY, FL 32909 US

FILED Feb 14, 2009 Secretary of State

Entity Name: CLASSIC AIR & HEAT OF BREVARD, INC. **Current Principal Place of Business: New Principal Place of Business:** 505 ESCOBAR AVENUE NW PALM BAY, FL 32907 **Current Mailing Address: New Mailing Address:** 505 ESCOBAR AVENUE NW PALM BAY, FL 32907 FEI Number: 20-0616398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ROBERT A 505 ESCOBAR AVENUE NW PALM BAY, FL 32907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SMITH, ROBERT A SMITH, ROBERT A Name: Name: 505 ESCOBAR AVENUE NW 505 ESCOBAR AVENUE NW Address: Address: City-St-Zip: PALM BAY, FL 32907 US City-St-Zip: PALM BAY, FL 32907 US () Delete Title: V/T Title: () Change () Addition Name: SMITH, DEBRA R Name: 505 ESCOBAR AVENUE NW Address: Address: PALM BAY, FL 32907 US City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. SMITH **PRES** 02/14/2009

() Change () Addition