

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90067 038 ***158.75

DOCUMENT # P04000081680	
1. Entity Name ADVANCED AIR CONDITIONING SERVICES OF BREVARD, INC.	

Principal Place of Business 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955	Mailing Address P.O. BOX 411804 MELBOURNE, FL 32941-1804
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2. Principal Place of Business - No P.O. Box # 6005 N. Wickham Rd # 1148	3. Mailing Address P.O. Box 411804
Suite, Apt. #, etc. Meib FL	Suite, Apt. #, etc. Meib FL 32941-1804
City & State 32940	City & State
Zip US	Country US

6. Name and Address of Current Registered Agent	
KLASSEN, CATHY M 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLASSEN, STEVEN J	NAME	
STREET ADDRESS	1747 AUBURN LAKES DR	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLASSEN, CATHY M	NAME	Cathy M Klassen
STREET ADDRESS	1742 AUBURN LAKES DR	STREET ADDRESS	1747 Auburn Lakes Dr
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	Rockledge FL 32955
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Cathy M Klassen
STREET ADDRESS		STREET ADDRESS	1747 Auburn Lakes Dr
CITY-ST-ZIP		CITY-ST-ZIP	Rockledge FL 32955
TITLE	<input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Steven J. Klassen
STREET ADDRESS		STREET ADDRESS	1747 Auburn Lakes Dr
CITY-ST-ZIP		CITY-ST-ZIP	Rockledge FL 32955
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: <u>Cathy M Klassen</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-28-07</u>	Daytime Phone # <u>321-720-7752</u>
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