


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000081680		
1. Entity Name ADVANCED AIR CONDITIONING SERVICES OF BREVARD, INC.		
Principal Place of Business 6005 N. WICKHAM RD #H48 MELBOURNE, FL 32940	Mailing Address P.O. BOX 411804 MELBOURNE, FL 32941-1804	



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1635394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLASSEN, CATHY M 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955	DO NOT WRITE IN THIS SPACE
---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	KLASSEN, STEVEN J 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955
TITLE VP	KLASSEN, CATHY M 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955
TITLE S	KLASSEN, CATHY M 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955
TITLE T	KLASSEN, STEVEN J 1747 AUBURN LAKES DR ROCKLEDGE, FL 32955
TITLE 	
TITLE 	

U000000937857
05/27/08-80066-018 158.75

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Cathy Klassen *Cathy Klassen* - VP **4-24-08** **321-720-7752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #