

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081680

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** ADVANCED AIR CONDITIONING SERVICES OF BREVARD, INC.

**Current Principal Place of Business:**

6005 N. WICKHAN RD #H48  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 411804  
MELBOURNE, FL 329411804

**New Mailing Address:**

**FEI Number:** 42-1635394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KLASSEN, CATHY M  
1747 AUBURN LAKES DR  
ROCKLEDGE, FL 32955 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLASSEN, STEVEN J  
Address: 1747 AUBURN LAKES DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP  
Name: KLASSEN, CATHY M  
Address: 1747 AUBURN LAKES DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S  
Name: KLASSEN, CATHY M  
Address: 1747 AUBURN LAKES DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T  
Name: KLASSEN, STEVEN J  
Address: 1747 AUBURN LAKES DR  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: CATHY M KLASSEN

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date