


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000052253</b>	
1. Entity Name <b>BREVARD AIR CONDITIONING &amp; HEATING, INC.</b>	

Principal Place of Business <b>1650 YATES DRIVE MERRITT ISLAND, FL 32952 US</b>	Mailing Address <b>1650 YATES DRIVE MERRITT ISLAND, FL 32952 US</b>
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**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3561861**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**IFFINGER, CURT R  
1650 YATES DRIVE  
MERRITT ISLAND, FL 32952**

**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)

Signature, typed or printed name of registered agent and title if applicable 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**

U00000852177  
03/26/08-80018-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IFFINGER, CURT R 1650 YATES DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IFFINGER, OLGA 1650 YATES DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTON, VINCENT 2011 HOFSTRA DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Curt R Iffinger **CURT R Iffinger** **3/9/08** **321 452 2057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #