

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 208180

FILED
Feb 09, 2007
Secretary of State

Entity Name: PENSACOLA REFRIGERATION SUPPLY INC

Current Principal Place of Business:

1620 W CERVANTES STREET
PO BOX 18207
PENSACOLA, FL 325235207

New Principal Place of Business:

1620 W CERVANTES STR
PENSACOLA, FL 32501

Current Mailing Address:

1620 W CERVANTES STREET
PO BOX 18207
PENSACOLA, FL 325235207

New Mailing Address:

1620 W CERVANTES STR
P.O. BOX 18207
PENSACOLA, FL 325235207

FEI Number: 59-0824917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COX, MARY DEAN
1620 W CERVANTES ST
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: COX, MARY DEAN
Address: 2401 NAGEL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: COX, AMIE C
Address: 2401 NAGEL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: COX, REBECCA D
Address: 175 FOX ROAD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: WASHINGTON, DEBORAH C
Address: 3316 BROOKVIEW TRACE
City-St-Zip: BIRMINGHAM, AL 35216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: COX, MARY DEAN
Address: P.O. BOX 30170
City-St-Zip: PENSACOLA, FL 32503

Title: VSD (X) Change () Addition
Name: COX, AMIE C
Address: P.O. BOX 30170
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARY DEAN COX

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02/09/2007

Electronic Signature of Signing Officer or Director

Date