2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 208180

Entity Name: PENSACOLA REFRIGERATION SUPPLY INC

Current Principal Place of Business:

1620 W CERVANTES STR
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0824917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: PD ( ) Delete
Name: COX, MARY DEAN
Address: P.O. BOX 30170
City-St-Zip: PENSACOLA, FL 32503

Title: VSTD ( ) Delete
Name: COX, AMIE C
Address: P.O. BOX 30170
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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 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 PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date