2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # 425335 1. Entity Name BENNINK'S REFRIGERATION SERVICE, INC.				01-27-2006 90033 014 ***150.00				
Principal Place of Business 2101 TOWN STREET PENSACOLA, FL 32505 US PENSACOLA, FL 32523 US				1 ICON BIBIS				
Principal Place of Business 3. Mailing Address								
ite, Apt. #, etc. Suite, Apt. #, etc.				01062006	Chg-P	CR2E034 (11/0	05)	
City & State City & State							Applied For Not Applicable	
Zìp	Coun	try		5. Certificate	of Status Desired	\$8.75 Fee Req	Additional uired	
Registered Agent				7. Name and	Address of New R	Registered Agent		
BENNINK, GARY P. 4645 BAYWOOD DRIVE PENSACOLA, FL 32504			Street Address (P.O. Box Number is Not Acceptable) 4394 Crobbree Church Road					
						<u> </u>	^{Code} 2511	
8. The above named entity submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature. Typed or swhited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							vith, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
☐ Delete TITI						☑ Char	nge 🔲 Addition	
S45 BAYWOOD DRIVE STI		ET ADDRESS						
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•			39.	394 Crabtree Church Road			_	
			Mo	Molino FL 32577				
NAI STR		E Et address				Char	nge 🗌 Addition	
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	Mailing Address P. O. BOX 18907 PENSACOLA, FL 3252: 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing its and title if applicable. (NCTI Trust Fund Cont DIRECTORS Delete Delete Delete Delete Delete	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip Coun Registered Agent 9. Election Campaign Finar Trust Fund Contribution. DIRECTORS 11. Delete ITILE NAM STRE CITY	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Agent Street Agent signature of the purpose of changing its registered office or and title if applicable. (NOTE: Registered Agent signature) 9. Election Campaign Financing Trust Fund Contribution. DIRECTORS 11. Delete TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP Delete STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address (City Molive or registered office or	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc. O1062006 City & State Zip Country 5. Certificate d. Registered Agent Name Street Address (P.O. Box Number and When remaining) Or the purpose of changing its registered office or registered agent, or both with applicable. (NOTE Registered Agent signature required when remaining) 9. Election Campaign Financing Trust Fund Contribution. Delete NAME STREET ADDRESS CITY-ST-ZIP Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc. City & State City & State City Moling Street Address of New F Name Street Address P.O. Box Number is Not Acceptable P.O. Box Number i	Mailing Address P. O. BOX 18907 PENSACOLA, FL 32523 US 3. Mailing Address Suite, Apt. #, etc.	

Inereoy certify that the information supplied with this filling does not quality 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 rustee 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.