2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #616246** 1. Entity Name ODIS BROWN REFRIGERATION SERVICE, INC. Principal Place of Business Mailing Address 279 PINEY POINT ROAD ODIS BROWN REF. SERV. INC. FREEPORT, FL 32439 279 PINEY POINT ROAD D

FILED Mar 14, 2006 8:00 am Secretary of State

03-14-2006 90036 024 ***150.00

		FREEPORT, FL 32439 US					
DO NOT WRITE IN THIS SPAC				02072006 4. FEI Numbe 59-1890	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
BROWN, JAMES O 279 PINEY POINT RD FREEPORT, FL 32439				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							
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROWN, JAMES O. 279 PINEY POINT RD FREEPORT, FL. 32439						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Y. J					

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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