

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000198

Entity Name: ALTA REFRIGERATION, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

403 DIVIDEND DRIVE
PEACHTREE CITY, GA 302691905 US

New Principal Place of Business:

Current Mailing Address:

403 DIVIDEND DRIVE
PEACHTREE CITY, GA 302691905 US

New Mailing Address:

FEI Number: 58-2452881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC,
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DCEO () Delete
Name: BROWN, REX
Address: 403 DIVIDEND DRIVE
City-St-Zip: PEACHTREE CITY, GA 302691905

Title: DP () Delete
Name: CHILDERS, TERRY R
Address: 403 DIVIDEND DRIVE
City-St-Zip: PEACHTREE CITY, GA 302691905

Title: S () Delete
Name: BROWN, ERIC
Address: 403 DIVIDEND DRIVE
City-St-Zip: PEACHTREE CITY, GA 302691905

Title: DVP () Delete
Name: GOOSEFF, ALEX P
Address: 403 DIVIDEND DRIVE
City-St-Zip: PEACHTREE CITY, GA 302691905

Title: T () Delete
Name: BROWN, JUSTIN M
Address: 403 DIVIDEND DRIVE
City-St-Zip: PEACHTREE CITY, GA 302691905

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:

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 Section 119.07(3)(i), 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: TERRY R. CHILDERS

DP

01/03/2005

Electronic Signature of Signing Officer or Director

Date