

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # J70097			
1. Entity Name DAMRON REFRIGERATION AND AIR CONDITIONING, INCORPORATED			
Principal Place of Business 11505 STATE ROAD 574 P.O. BOX 508 MANGO, FL 33550		Mailing Address 11505 STATE ROAD 574 P.O. BOX 508 MANGO, FL 33550	
DO NOT WRITE IN THIS SPACE			
		03172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2705502	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURRY & ASSOCIATES, P.A. 750 W. LUMSDEN ROAD BRANDON, FL 33511		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: <u><i>Robert N. Damron</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-20-06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMRON, CHARLES C 1711 S FORBES RD PLANT CITY, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAMRON, ROBBIE N. 1711 S FORBES RD PLANT CITY, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Charles C. Damron</i></u> CHARLES C. DAMRON <u>3-17-06</u> / <u>813-759-6600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			