2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-29-2004 90012 005 ***150.00
P03000047080

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 19 AM 8:17

DOCUMENT # P03000047080

1. Entity Name
MOORE'S REFRIGERATION, INC.

Principal Place of Business	Mailing Address
950 MACKINAW STREET JACSONVILLE, FL 32254	950 MACKINAW STREET JACSONVILLE, FL 32254

44050446

07142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1056 MACKINAW St	1056 MACKINAW St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX., FLA.	City & State: JAX., Florida
Zip: 32254 Country: USA	Zip: 32254 Country: U.S.A

4. FEI Number: 80-0063526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, MICHAEL W 950 MACKINAW STREET JACKSONVILLE, FL 32254	Name: Moore, Michael W. Street Address (P.O. Box Number is Not Acceptable): 1056 MACKINAW Street City: JACksonville FL Zip Code: 32254

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: M. Michael Moore — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 7/28/04

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, MICHAEL W 950 MACKINAW STREET JACSONVILLE, FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mr Michael W. Moore - M. Michael Moore 7/28/04 904 651-3817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8.19.04

Attn Ms Eula.

To Whom It May Concern:

I didn't receive the post card ~~that~~ went out in the early part of the year.

Would you please waive the $400.00 late fee?

I forgot to click on the paragraph ~~that~~ asks for the waiver.

PO30000 47080 is my document #.

Sincerely:
Michael Moore