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Jun 01, 2006 8:00 am
Secretary of State
06-01-2006 90001 010 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047080

1. Entity Name
MOORE'S REFRIGERATION, INC.

Principal Place of Business	Mailing Address
1056 MACKINAW ST. JACKSONVILLE, FL 32254	1056 MACKINAW ST. JACKSONVILLE, FL 32254

50020141

05232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1056 MACKINAW St	1056 MACKINAW St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAY, Florida	City & State: JAY, Fla.
Zip: 32254 Country: DUVAL	Zip: 32254 Country: DUVAL

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

MOORE, MICHAEL W
1056 MACKINAW STREET
JACKSONVILLE, FL 32254

7. Name and Address of New Registered Agent

Name: Mr Michael W. Moore
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: Mr Michael Moore [signature] DATE: 05/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	MOORE, MICHAEL W
STREET ADDRESS	950 MACKINAW STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: [signature] 05/26/06 (904) 651-3817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #