


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2. **Mar 13, 2007 8:00 am**
Secretary of State

02-27-2007 90012 010 ***150.00

DOCUMENT # 312384 1. Entity Name PALM BEACH REFRIGERATION, INC.	
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Principal Place of Business 2555 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409 US	Mailing Address 2555 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409 US
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1156047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLOWERS, LOWELL P. 7406 WILSON ROAD WEST PALM BEACH, FL

**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, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lowell P. Flowers* February 19, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	TS FLOWERS, LOWELL 7406 WILSON RD WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOWERS, LOWELL 7406 WILSON RD WEST PALM BCH, FL
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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: *Lowell P. Flowers* 3807 561 478-3941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #