2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/16

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90029 039 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # 418303

1. Entity Name

PETE'S APPLIANCE AND REFRIGERATION SERVICE INC

Principal Place of Business	Mailing Address
1719 J & C BLVD. NAPLES FL 34109 US	3650 NW 7 AVENUE NAPLES FL 34120 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1441519 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROWELL, BETTY
119 ROYAL COVE DR
NAPLES FL 34120

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00
Make Checks Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MAZZOCCHI, R. PETE, JR.	
STREET ADDRESS	3650 7TH AVE. N.W.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	ST	☐ Delete
NAME	CROWELL, BETTY	
STREET ADDRESS	3650 4TH AVE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VPST	☐ Delete
NAME	MAZZOCCHI, JANET	
STREET ADDRESS	3650 7TH AVE NW	
CITY-ST-ZIP	NAPLES FL 34120	
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		
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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 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: Janet Mazzocchi JANET MAZZOCCHI 2-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #