

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419303

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: PETE'S APPLIANCE AND REFRIGERATION SERVICE INC

## Current Principal Place of Business:

1719 J & C BLVD.  
NAPLES, FL 34109 US

## New Principal Place of Business:

852 NW SCENIC LAKE DRIVE  
LAKE CITY, FL 32055 US

## Current Mailing Address:

3650 NW 7 AVENUE  
NAPLES, FL 34120 US

## New Mailing Address:

852 NW SCENIC LAKE DRIVE  
LAKE CITY, FL 32055 US

FEI Number: 59-1441519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROWELL, BETTY  
119 ROYAL COVE DR  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

MAZZOCCHI, R. PETE JR  
852 NW SCENIC LAKE DRIVE  
LAKE CITY, FL 32055 US

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.

SIGNATURE: PETE MAZZOCCHI

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAZZOCCHI, R. PETE., JR.  
Address: 3650 7TH AVE. N.W.  
City-St-Zip: NAPLES, FL 34120

Title: ST (X) Delete  
Name: CROWELL, BETTY  
Address: 3650 4TH AVE NW  
City-St-Zip: NAPLES, FL 34120

Title: VPST ( ) Delete  
Name: MAZZOCCHI, JANET  
Address: 3650 7TH AVE NW  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAZZOCCHI, R. PETE., JR.  
Address: 852 NW SCENIC LAKE DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPST (X) Change ( ) Addition  
Name: MAZZOCCHI, JANET  
Address: 852 NW SCENIC LAKE DRIVE  
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE MAZZOCCHI

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date