


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 040 ***550.00

DOCUMENT # 550453					
1. Entity Name FIFE REFRIGERATION, INC.					
Principal Place of Business 106 PERRY AVE., S.E. FT. WALTON BCH, FL 32548			Mailing Address 106 PERRY AVE., S.E. FT. WALTON BCH, FL 32548		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIFE, DEE L. 106 PERRY AVE. S.E. FT. WALTON BCH, FL				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, DEE L.		NAME	FIFE, DEE L.	
STREET ADDRESS	106 PERRY AVE., SE.		STREET ADDRESS	106 Perry Ave., S.E.	
CITY-ST-ZIP	FT. WALTON BCH, FL		CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, FREDA J.		NAME		
STREET ADDRESS	106 PERRY AVENUE S.E.		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FIFE, DALE K.	
STREET ADDRESS			STREET ADDRESS	106 Perry Ave., S.E.	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Freda J. Fife</u> Freda J. Fife, Corp. Sec. Treas. 12May2006 850-243-0261					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40092461



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1782598

Applied For
Not Applicable

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