

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1782598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIFE, DEE L.
106 PERRY AVE. S.E.
FT. WALTON BCH, 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, 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)

000000954334

07/11/08-80809-008 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIFE, DEE L
STREET ADDRESS	106 PERRY AVE SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	STD
NAME	FIFE, FREDA J.
STREET ADDRESS	106 PERRY AVENUE S.E.
CITY-ST-ZIP	FT. WALTON BCH, FL
TITLE	VD
NAME	FIFE, DALE K
STREET ADDRESS	106 PERRY AVE SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Freda J. Fife
Freda J. Fife

8 July 2008
850-243-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #