2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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DOCUMENT # 616246 1. Entity Name 1. Entity N					Secretary of Star			
ODIS BROWN REFRIGERATION SERVICE, INC.								
Principal Plac	e of Business	Mailing Address	•					
279 PINEY P		ODIS BROWN REF. SERV. INC.						
FREEPORT, I	FL 32439 US	279 PINEY POINT ROAD FREEPORT, FL 32439 US		ļ				
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The state of the s					01092007	No Chg-P	CR2E03	4 (11/05)
DO NOT WRITE IN THIS SPA					4. FEI Numb			Applied For
				30 W.	59-189			Not Applicable
					5. Certificate	of Status Desired		8.75 Additional
Sauth 458-bridges	6. Name and Address of Current Re		KINGSON.	<i>f</i> .			F	ee Required
	6. Name and Address of Current Re	Alsteron Wantr	1	•			,	
BROWN, JAMES O				· ·	DO	NOT W	RITE	
279 PINEY POINT RD FREEPORT, FL 32439								
					. IN	THIS SI	PAUE	
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 obligat	lions of registered agent.							
SIGNATURE	*Signature, typed or printed name of registered agent and	tilla if upplicable INDTF: Banislare	ed Agent signature	recured	when reinstating)		DATE	
	Signature, types of printed harrie of registered agent and	(10) E. (12)						
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina				\$5.	00 May Be			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				Adde	id to rees			
10.	OFFICERS AND DI	RECTORS	-					
TITLE NAME	PT BROWN, JAMES O.		4.0	**				
STREET ADDRESS	279 PINEY POINT RD					UC UC	00000612	2162. 097-002 150.0
CITY-ST-ZIP	FREEPORT, FL 32439				٠.	02/02	!/U/-800	.uoz 150.u
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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-15-07

Daytime Phone #