

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 623089

1. Entity Name
CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business
**500 HIGHWAY 85 NORTH
P. O. BOX 490
NICEVILLE, FL 32578 US**

Mailing Address
**P.O. BOX 490
P. O. BOX 490
NICEVILLE, FL 32588-0490 US**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1917987

Applied
Not App.

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**CAIN, DEBORA
2416 PARKER DR
P O BOX 490
NICEVILLE, FL 32588**

**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 am the obligations of registered agent.

SIGNATURE *Deborah M. Cain* *Deborah M. Cain* *2/22/06*
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	CAIN, KENNETH
STREET ADDRESS	2416 PARKER DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VPTS
NAME	CAIN, DEBORA
STREET ADDRESS	2416 PARKER DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	M
NAME	MALONEY, JAMES K
STREET ADDRESS	1010 EVERGLADE DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000448132
02/22/06-80001-018 150.75

**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 changed, or on an attachment with an address, with all other like empowered.

Deborah M. Cain *Deborah M. Cain* *2/22/06* *(850) 678-9566*