


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 029 ***150.00

DOCUMENT # 644561 1. Entity Name. MCMULLEN AIR CONDITIONING REFRIGERATION, INC.					
Principal Place of Business 4877 28TH ST. N ST. PETERSBURG, FL 33714			Mailing Address 4877 28TH ST. N ST. PETERSBURG, FL 33714		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1944970			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired - <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONTI, PETER T. 4877 28TH ST. N ST. PETERSBURG, FL 33714			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONTI, PETER T. 13672 EAGLES WALK DR CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19308 SIMPLICITY PLACE LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONTI, JOSEPH M 4500 14TH ST NE SAINT PETERSBURG, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18985 CROOKED LANE TAMPA, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BROWN, CURTIS E 2902 MAGDALERSA WOOD DR TAMPA, FL 33618		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change Addition		
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: _____ 1/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					