

## ANNUAL REPORT (AR)

DOCUMENT # F95000000764

1. Entity Name

A&amp;B REFRIGERATION INC.



**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business

2801 ESTERO BLVD  
 SUITE T  
 FT. MYERS BEACH FL 33931  
 US

Mailing Address

2801 ESTERO BLVD  
 SUITE T  
 FT. MYERS BEACH FL 33931  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City &amp; State

City &amp; State

4. FEI Number

38-2788157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACKUS, ARTHUR J  
 21451 WIDGEON TERRACE  
 FT. MYERS BEACH FL 33931

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME BACKUS, ARTHUR J  
 STREET ADDRESS 21451 WIDGEON TERRACE  
 CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 U00000410369  
 02/09/06-80033-012 158.75

TITLE V ☐ Delete  
 NAME HISS, HENRY  
 STREET ADDRESS 2801 ESTERO BLVD  
 CITY-ST-ZIP FT MYERS BCH FL 33931

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ARTHUR J. BACKUS

*Arthur J. Backus* 1-27-06 239-463-1162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certificate Number