2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF PRIN

ED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # F99000003311 01-12-2004 90007 038 ***150.00 A-BEAR REFRIGERATION, INC. Principal Place of Business Mailing Address **5740 HEEBE STREET** 288 PLANTATION HILL RD HARAHAN, LA 70123 GULF BREEZE, FL 32561 2. Principal Place of Business 3. Mailing Address 288 Plantation HillRd Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Gulf Breeze, Florida 72-1110546 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32561 Santa Rosa 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HEBERT, RANDY J JR Street Address (P.O. Box Number is Not Acceptable) 288 PLANTATION HILL RD GULF BREEZE, FL 32561 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE p X Change ☐ Addition HEBERT, RANDY J JR MAME NAME Hebert, Randy J. Jr. STREET ADORESS **5740 HEEBE STREET** STREET ADDRESS 288 Plantation Hill Rd. Gulf Breeze, Fl. 32561 Change CITY-ST-ZIP CITY-ST-ZIP HARAHAN, LA 70123 TITLE Delete TITLE NAME HEBERT, SUSAN G NAME Hebert, Susan G. STREET ADDRESS **5740 HEEBE STREET** STREET ADDRESS 288 Plantation Hill Rd. HARAHAN, LA 70123 CITY-ST-ZIP CITY-ST-7IP Gulf Breeze, Fl. 32561 Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-SI-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 850-916-9600 1-6-04 SIGNATURE:

FILED

Jan 12, 2004 8:00 am

Daytime Phone #

Date