


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # G75502
 1. Entity Name
WILLIAMS REFRIGERATION & A/C, INC.



Principal Place of Business Mailing Address
53 SMYRNA DR. **12 RANCH TRAIL RD**
DEBARY FL 32713 **DEBARY FL 32713**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **59-2390434** Applied For Not Applicable

6. Name and Address of Current Registered Agent
MIELKE, WILLIAM L
53 SMYRNA DRIVE
DEBARY FL 32713

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: *[Signature]* DATE: *[Date]*
(NOTE: Registered Agent signature required when re-issuing)

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 | PVST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | MIELKE, WILLIAM L | | | NAME | 110000449562 | | |
| STREET ADDRESS | 53 S MYRNA DRIVE | | | STREET ADDRESS | 03/03/06-80061-002 | | 150.00 |
| CITY-ST-ZIP | DEBARY FL 32713 | | | CITY-ST-ZIP | | | |
| TITLE | PVST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | MIELKE, WILLIAM L | | | NAME | | | |
| STREET ADDRESS | 53 SMYRNA DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DEBARY FL 32713 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *William L Mielke* DATE: *2/22/06* *386-868-993*