


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # H68244  |  |
| 1. Entity Name<br>COMPLETE AIR CONDITIONING & REFRIGERATION,<br>INC. |   |

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|--|--|
| Principal Place of Business<br>2817 ORLANDO RD.<br>PANAMA CITY, FL 32405 | Mailing Address<br>2817 ORLANDO RD.<br>PANAMA CITY, FL 32405 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-2565595                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

SMOAK, RICHARD  
103 W 5 ST  
PANAMA CITY, FL 32401

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>KALATA, LARRY P.<br>2817 ORLANDO ROAD<br>PANAMA CITY, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>KALATA, SANDRA<br>1535 E HWY 390<br>LYNN HAVEN, FL 32444       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>KALATA, CONSTANCE M<br>2817 ORLANDO RD<br>PANAMA CITY, FL 32405 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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04/06/05-80043-024 150.00

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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.

SIGNATURE: *Constance M. Kalata* *Constance M. Kalata* 4-5-05 850-785-8346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #