2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2006 08:00 AM Secretary of State

ANNUAL REPORT				\neg	Secretary of State			
1. Entity Nam	MENT # J61014 ed refrigeration system			Secreta	ary or S	iaic		
Principal Plac	e of Business N	failing Address		<u> </u>				
6695 COLRA #200 IACKSONVILL		5695 COLRAY COURT #200 ACKSONVILLE, FL 32258	บร	1 (Trime t i	תום לופון ועופט וועיה נעוות פל	IS MINIS SENIES SENIES MESONES NE	B))	
				01182006	No Chg-P	CR2E034 (11.	(05)	
D	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb	er	-	Applied For	
		e e e e e e e e e e e e e e e e e e e	r - c valueble		of Status Desired	\$8.75 Fee Re	Additional	
	6. Name and Address of Current Regis	stered Agent	_		4			
AKEL, DANIEL D. ONE INDEPENDENT DR. 2301 INDEPENDENT SQ.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NOT W			
	VILLE, FL 32202					. J.		
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	red office or regis	itered ag en t, or bo	oth, in the State of Flo	orida. I am familiar	with, and accep	
SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Register			ed Agent signature requ	ired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution			incling A	5.00 May Be dded to Fees	000000 007£1740	0491514 00025-011	150.00	
10.	OFFICERS AND DIRE	CTORS	_		·········	· <u></u>		
ITTLE NAME STREET ADDRESS CITY-ST-219	PRESIDENT HUGHES, MICHAEL J 6571 FERBER ROAD JACKSONVILLE, FL].	. :				
DITLE NAME SIREET AODRESS	·	· · · · · · · · · · · · · · · · · · ·			## * * * * * * * * * * * * * * * * * *			
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CITY-ST-ZIP			4					
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STREET ADDRESS CITY-ST-ZIP				*	.,		•	

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 if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06 (904) 268 9800 Date Thereton Process