2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# J65360

Entity Name: NORTH FLORIDA REFRIGERATION, INC.

Current Principal Place of Business:

3636 LENOX AVENUE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

3636 LENOX AVENUE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-2792612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DRISKELL, TOMMY,
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: DRISKELL, LYNN,
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete
Name: DRISKELL, LYNN
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DRISKELL, TOMMY W PRES
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: VP (X) Change ( ) Addition
Name: DRISKELL, LYNN VP
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: ST (X) Change ( ) Addition
Name: DRISKELL, LYNN
Address: 3636 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY DRISKELL PRES 01/13/2009
Electronic Signature of Signing Officer or Director Date