

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L16283

1. Entity Name
FRAZIER'S AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business
**1709 RAINBOW DR
CLEARWATER, FL 33755 US**

Mailing Address
**1709 RAINBOW DR
CLEARWATER, FL 33755 US**

DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2964197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRAZIER, WILLIAM
19256 HIDDEN OAKS DRIVE
BROOKSVILLE, FL 34604**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRAZIER, WILLIAM
STREET ADDRESS	19256 HIDDEN OAKS DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	V
NAME	FRAZIER, MARSHA
STREET ADDRESS	1603 DRUID RD. E.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000540110
05/10/06-80004-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 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: *Marsha Frazier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 727-442-9204
Date Daytime Phone #