

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90079 046 \*\*\*150.00

**DOCUMENT # M49137**

1. Entity Name  
**REFRIGERATION UTILITIES, INC.**



Principal Place of Business  
C/O ROBERT J. TAYLOR  
21521 WOODCHUCK CT  
BOCA RATON, FL 33428

Mailing Address  
C/OWI TREMBLAY  
1801 S FEDERAL HWY STE 219  
DELRAY BEACH, FL 33483

04000000



2. Principal Place of Business

3. Mailing Address

21521 Woodchuck Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06212004

Chg-P

CR2E034 (10/03)

City & State

City & State

Boca Raton, FL

4. FEI Number

59-2338897

Applied For

Not Applicable

Zip

Country

Zip

Country

33428

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREMBLAY, W.J. P.A.  
1801 S FEDERAL HWY STE 219  
DELRAY BEACH, FL 33483

Name  
Robert J. Taylor

Street Address (P.O. Box Number is Not Acceptable)

21521 Woodchuck Ct

City  
Boca Raton

FL

Zip Code

33428

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, typed or printed name of registered agent, and title if applicable.

Robert Taylor

(NOTE: Registered Agent signature required when reinstating)

6-22-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
TAYLOR, ROBERT J.  
21521 WOODCHUCK CT  
BOCA RATON, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
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CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Taylor

6-22-04

Date

561-483-4533

Daytime Phone #