

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 033 ***150.00

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01152007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000081767					
1. Entity Name DOANE'S REFRIGERATION, INC.					
Principal Place of Business 5200 18TH AVENUE NORTH ST. PETERSBURG, FL 33710			Mailing Address 3773 CENTRAL AVE., SUITE C609 SAINT PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address PO BOX 55368		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State ST PETERSBURG FL		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33732	USA	33732	USA	59-3211568	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WMNEBRENNER, J M 3773 CENTRAL AVE SAINT PETERSBURG, FL 33713				Name Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North Suite 130 City St Petersburg FL Zip Code 33702	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOANE, TIMOTHY L 5200 18TH AVENUE NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOANE, WALTER A 5200 18TH AVENUE NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOANE, GAIL J 5200-18 AVE NORTH SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Gail Doane</u>		Gail Doane		2-17-07 727/327-1202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	