

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 028 ***150.00

DOCUMENT # P02000074685

1. Entity Name
**SOUTHEASTERN REFRIGERATION & AIR
CONDITIONING, INC.**



Principal Place of Business
**3200 N.E. 10TH STREET
OCALA, FL 34470**

Mailing Address
**3200 N.E. 10TH STREET
OCALA, FL 34470**

50058123



2. Principal Place of Business

4771 NE 6TH STREET

Suite, Apt. #, etc.

3. Mailing Address

4771 NE 6TH STREET

Suite, Apt. #, etc.

07222005

Chg-P

CR2E034 (10/03)

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

42-1544471

Applied For

Not Applicable

Zip

34470

Country

MARION

Zip

34470

Country

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBOZA, CRAIG
3200 N.E. 10TH STREET
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Craig Barboza

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 ☐ Delete
NAME **P BARBOZA, CRAIG**
STREET ADDRESS **3200 NE 10TH STREET**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT BARBOZA CRAIG**
STREET ADDRESS **4771 NE 6TH STREET**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Craig Barboza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-05

Date

(352)622-8250

Daytime Phone #