
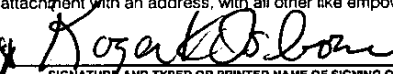


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 016 ***150.00

DOCUMENT # P02000093782 1. Entity Name R.K.O. REFRIGERATION CORPORATION					
Principal Place of Business 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309 US			Mailing Address 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 5786 ENTERPRISE PKWY		3. Mailing Address 5786 ENTERPRISE PKWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. MYERS		City & State FT. MYERS		4. FEI Number 52-2377236	
Zip 33905		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33905		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OSBORNE, ROGER 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5786 ENTERPRISE PKWY City FORT MYERS FL Zip Code 33905		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD OSBORNE, ROGER 3601 WEST COMMERCIAL BLVD. #39 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5786 ENTERPRISE PARKWAY FORT MYERS - FL 33905	
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	
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	
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	
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 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  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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