



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90032 011 ***158.75

DOCUMENT # P03000118667 1. Entity Name PHAGAN REFRIGERATION AND A/C SERVICE, INC.																													
Principal Place of Business 26 2ND AVE. FT. WALTON BEACH, FL 32457			Mailing Address 26 2ND AVE. FT. WALTON BEACH, FL 32457																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip 32547 Country		City & State Zip 32547 Country		01082004 Chg-P CR2E034 (10/03)																									
4. FEI Number 200310664				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent PHAGAN, WILLIAM O 26 2ND AVE. FT. WALTON BEACH, FL 32457			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32547																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS PHAGAN, WILLIAM O</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>26 2ND AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT. WALTON BEACH, FL 32457</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PS PHAGAN, WILLIAM O	<input type="checkbox"/> Delete	NAME	26 2ND AVE.		STREET ADDRESS	FT. WALTON BEACH, FL 32457		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Walton Beach, FL 32547</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
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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: <u>William O. Phagan</u> William O. Phagan 4-7-2004 (850) 862-4202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													