

DOCUMENT # P03000126412

1. Entity Name

**CLIMATE CONTROL REFRIGERATION & AIR
CONDITIONING, INC.****FILED**
Jan 31, 2006 08:00 AM
Secretary of State

1st MOORE CR2E034 (10/05)

4. FEI Number **20-0395908** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEHOF, JAMES D
2170 SAN REMO DRIVE
BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent

Name

- 6 -

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2006 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEHOF, JAMES D	
STREET ADDRESS	2170 SAN REMO DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEHOF, JAMES D JR	
STREET ADDRESS	22092 BOMBAY STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEHOF, JOANN	
STREET ADDRESS	2170 SAN REMO DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/08/06-80094-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mr. James DeHof Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06 305-872-3360

Date

Daytime Phone #