

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135471

1. Entity Name
EVANS / GRAHAM REFRIGERATION / AIR COND. AND
FUEL OIL INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 28 AM 11:52

Principal Place of Business
2909 ROGERO ROAD
JACKSONVILLE, FL 32277

Mailing Address
1753 HOLLY OAKS RAVINE DR
JACKSONVILLE, FL 32277

2. Principal Place of Business

3. Mailing Address



01252004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 33-1075694

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DEETER, RUSS
1753 HOLLY OAKS RAVINE DR
JACKSONVILLE, FL 32225

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
Todd L. GRAHAM
1576 CANDICE COURT
JACKSONVILLE, FL 32225

☐ Delete

TITLE
NAME
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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500028402425
02/09/04--01026--022 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd L. GRAHAM

Date

1/26/04 904-565-1811

Daytime Phone #