


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 009 ***150.00

DOCUMENT # P03000141542 1. Entity Name ALPINE AIR CONDITIONING AND REFRIGERATION, INC.			
Principal Place of Business 2110 SO. FORE CIRCLE TAMPA, FL 33612 US		Mailing Address 2110 SO. FORE CIRCLE TAMPA, FL 33612 US	
2. Principal Place of Business - No P.O. Box # 1743 Country Club Dr.		3. Mailing Address 1743 Country Club Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa FL		City & State Tampa FL	
Zip 33612		Country Hillsborough	
4. FEI Number 27-0054301		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBORD, CHRISTOPHER D 2110 SO. FORE CIRCLE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1743 Country Club Dr. City Tampa FL Zip Code 33612	
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 Christopher D. DeBord C. David DeBord 4-18-07 <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, 2007 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 P	NAME DEBORD, CHRISTOPHER D	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2110 SO. FORE CIRCLE	CITY-ST-ZIP TAMPA, FL 33612	1743 Country Club Dr. Tampa, FL 33612	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: C. David DeBord Pres		4-18-07 813-453-7958	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	