

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000142357

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** AIR MURPHY A/C AND REFRIGERATION CORP.

**Current Principal Place of Business:**

2901 SW 137 TH TERRACE  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 SW 137 TH TERRACE  
DAVIE, FL 33330 US

**New Mailing Address:**

**FEI Number:** 20-0442018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIM, MURPHY  
2901 SW 137TH TERRACE  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: IRENE, MURPHY  
Address: 2901 SW 137TH TERRACE  
City-St-Zip: DAVIE, FL 33330 US

Title: VP  
Name: TIM, MURPHY  
Address: 2901 SW 137TH TERRACE  
City-St-Zip: DAVIE, FL 33330 US

Title: S  
Name: MURPHY, TIM JR  
Address: 2901 SW 137 TH TERRACE  
City-St-Zip: DAVIE, FL 33330 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRENE MURPHY

P

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date