2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P0400004524* 1. Entity Name KIRBY REFRIGERATION AND ELECTRICAL SERVICE, INC.				Secretary of State
53 OXFORD ST 53		ailing Address 53 OXFORD ST DEFUNIAK SPRINGS, FL 32435		
DO NOT WRITE IN THIS SPAC				01162005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 51-0496490 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
GREEN, WILLIAM H 664 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435				DO NOT WRITE IN THIS SPACE
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, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D KIRBY, THOMAS R 53 OXFORD ST DEFUNIAK SPRINGS, FL 32435	ECTORS .		U00000185360 01/21/05-80013-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers	filing does not qualify for the exen and accurate and that my signalight and to execute this report as require	nption stated in Secure shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or director. Florida Statutes, and that my agme appears in Block 10 or Block 11 if