

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90103 045 ***158.75

DOCUMENT # P04000109126 1. Entity Name KELLY REFRIGERATION SERVICES, INC.					
Principal Place of Business 1950 W. NEW HAMPSHIRE ST. ORLANDO, FL 32804			Mailing Address 1950 W. NEW HAMPSHIRE ST. ORLANDO, FL 32804		
2. Principal Place of Business 1950 W. New Hampshire		3. Mailing Address P.O. Box 540117			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 38-3705361	
Zip 32804		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32804		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CFRA, LLC 4221 W. BOY SCOUT BLVD. TAMPA, FL 33607-5736				7. Name and Address of New Registered Agent Name Dean Ellerbrock Street Address (P.O. Box Number is Not Acceptable) 467 Dogwood CT City Altamonte Springs FL Zip Code 32714	
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 <u><i>Dean Ellerbrock</i></u> DATE <u>7/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Timothy J. Wagner 11726 Autumn Tree DR FORT WAYNE, IN 46845 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph K. Deeter 10017 Schuyler CT FORT WAYNE, IN 46804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- OPERATIONS Wayne D. Zollinger 704 Rollingwood Lane FORT WAYNE, IN 46845 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. - Engineering Todd A. Light 11115 Millwood CT FORT WAYNE, IN 46845 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Timothy J. Ellison 8309 TRENTMAN Rd FORT WAYNE, IN 46816 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- Sales - marketing Dean Ellerbrock 467 Dogwood CT Altamonte Springs FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u><i>Dean Ellerbrock</i></u> DEAN Ellerbrock DATE <u>7/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

State License # CM-C056257



KELLY REFRIGERATION SERVICES, INC.

1950 W. New Hampshire St., Orlando, Fl. 32804
P.O. Box 540117 • Orlando, Florida 32854-0117
Phone: 407-297-1111 Fax: 407-297-0144
E-mail: kelly@kellyrefrig.com

July 15, 2005

Florida Dept. of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Late Fees

To Whom It May Concern:

We are sending you this letter in regards to the late fee associated with the 2005 For Profit Corporation Annual Report. It has come to our attention that we owe a late fee for not filing this report before the requested due date. We are asking for you to please waive the late fee due to the fact that we did not receive the postcard/letter the first time, to notify us of renewal. Please accept our apology for any inconvenience this may have caused you or your department. We will take any steps necessary to try to keep this from happening in the future.

We have attached the appropriate forms and fees with the required signatures. Please feel free to contact one of us at the office if you have any questions, at 407-297-1111. Thank you for your cooperation and again, we apologize.

Thank you,
Kelly Refrigeration Services, Inc.

Cindy Prouty

Cindy Prouty
Bookkeeper