

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056650

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: CASSIDY'S REFRIGERATION INCORPORATED

## Current Principal Place of Business:

3240 SE DOMINICA TERRACE  
SUITE B  
STUART, FL 34997 US

## New Principal Place of Business:

## Current Mailing Address:

3240 SE DOMINICA TERRACE  
SUITE B  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: 02-0775057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PELOQUIN, MICHELLE C  
433 SW MILLARD DRIVE  
PORT ST. LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PELOQUIN, JEREMIAH T  
Address: 433 SW MILLARD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: PELOQUIN, MICHELLE C  
Address: 433 SW MILLARD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: CASSIDY, SEAN T  
Address: 360 JEAN AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CASSIDY, SEAN T  
Address: 360 JEANNE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PELOQUIN, MICHELLE,C

VP

01/24/2007

Electronic Signature of Signing Officer or Director

Date