2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P93000041732 t. Entity Name BILL YOUNG REFRIGERATION, INC. Principal Place of Business Mailing Address 10136 70TH ST 10136 70TH ST LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3199864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 10136 70TH ST LIVE OAK FL 32060 City Zip Code 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 aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THILE Addition 🔲 Delete U000004978 NAME YOUNG, WILLIAM J NAME 22706-80671-008 150.0**0** STREET ADDRESS 10136 70TH ST STREET ADORESS CITY-ST-ZIP LIVE OAK FL 32060 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TISLE 7353 F ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ttt☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADCRESS CITY+ST-ZIP CITY-ST-7/P ☐ Delete mue TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP COY-ST-77P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

William J. Young

**FILED** 

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