

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069596

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: SOUTHEASTERN CHILLER OF MIAMI, INC.

**Current Principal Place of Business:**

3798 NW 126 AVENUE  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3798 NW 126 AVENUE  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 65-0441324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MURPHY, TOM N. JR.  
980 NORTH FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432 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: DST ( ) Delete  
Name: MEANS, KATHRYN  
Address: 4347 NW 73 WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DP ( ) Delete  
Name: MEANS, LAURENCE  
Address: 4347 NW 73RD WAY  
City-St-Zip: CORAL SPRGS, FL 33065

Title: DVP ( ) Delete  
Name: DALTON, JAMES  
Address: 5245 CLEVELAND PLACE  
City-St-Zip: METAIRIE, LA 70003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LAURENCE MEANS

PRES

03/25/2008

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

\_\_\_\_\_  
Date