

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90313 033 ***150.00

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1. Entity Name
CARMAL REFRIGERATED SERVICE, INC.



Principal Place of Business

**207 RIDGE DR
SANFORD, FL 32773**

Mailing Address

**207 RIDGE DR
SANFORD, FL 32773**



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3222403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLBERT, WILLIAM L
200 W 1 ST
SUITE 22
SANFORD, FL 32771**

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALBERT, CARMEN M
207 RIDGE DR
SANFORD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SOUICY, GERALD
205 RIDGE DRIVE
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CYR, JOYCE M
924 S. PINE RIDGE CIRCLE
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
ALBERT, ALLEN J
207 RIDGE DR
SANFORD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Allen J. Albert ALLEN J. ALBERT 4-4-04 407-322 4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #