

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90160 011 ***150.00

DOCUMENT # P94000001588
 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
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3222403	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SOUCY, 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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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 Albert **4-23-05** **407.322-4494**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #