2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000001588

1. Entity Name

CARMAL REFRIGERATED SERVICE, INC.



FILED Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

207 RIDGE DR SANFORD, FL 32773 Mailing Address

207 RIDGE DR SANFORD, FL 32773



DO NOT WRITE IN THIS SPACE

04112007 No Chg-P CR2E034 (11/05)

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 registere	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accep-
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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME ALBERT, CARMEN M 207 RIDGE DR STREET ADDRESS CITY-ST-ZIP SANFORD, FL αT TITLE SOUCY, GERALD NAME 205 RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 TITLE NAME CYR, JOYCE M STREET ADDRESS 924 S. PINE RIDGE CIRCLE CITY-ST-ZIP SANFORD, FL 32773 TITLE ALBERT, ALLEN J NAME STREET ADDRESS 207 RIDGE DR CITY-ST-ZIP SANFORD, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

"U00000729851" 05/08/07-80057-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LERY & COL

RRIA & CRRUS ALLEN ST. ALBERT 4-23-07

407322 4499