## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000001588

**Entity Name:** CARMAL REFRIGERATED SERVICE, INC.

**FILED** Feb 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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207 RIDGE DR 207 RIDGE DR

SANFORD, FL 32773 SANFORD, FL 32773 US

**Current Mailing Address: New Mailing Address:** 

207 RIDGE DR 207 RIDGE DR

SANFORD, FL 32773 SANFORD, FL 32773 US

FEI Number: 59-3222403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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.

City-St-Zip:

SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ALBERT, CARMEN M ALBERT, CARMEN M Name: Name: 207 RIDGE DR 207 RIDGE DR Address: Address: SANFORD, FL 32773 US City-St-Zip: SANFORD, FL City-St-Zip:

( ) Delete Title: DT Title: DT (X) Change ( ) Addition

Name: CYR. JOYCE M Name: CYR, JOYCE M 924 S. PINE RIDGE CIRCLE P.O. BOX 339 Address: Address: SANFORD, FL 32773 CARIBOU, ME 04736 US City-St-Zip:

VPSD Title: VPSD Title:

() Delete (X) Change ( ) Addition ALBERT, ALLEN J Name: ALBERT, ALLEN J Name:

207 RIDGE DR 207 RIDGE DR Address: Address: City-St-Zip: SANFORD, FL City-St-Zip: SANFORD, FL 32773 US

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: ALLEN J. ALBERT MR 02/20/2009