

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90252 024 ***150.00

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1. Entity Name
HOWARD'S REFRIGERATION PLUS, INC.



Principal Place of Business
**9434 SANDLER RD
JACKSONVILLE, FL 32222 US**

Mailing Address
**9434 SANDLER RD
JACKSONVILLE, FL 32222 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3221972

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, ROBERT S
9434 SANDLER RD
JACKSONVILLE, FL 32222**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Robert S. Howard* **RESIDENT** **1/12/06**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PV** ☐ Delete
NAME **HOWARD, ROBERT S**
STREET ADDRESS **9434 SANDLER ROAD**
CITY-STATE-ZIP **JACKSONVILLE, FL 32222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☐ Delete
NAME **RIENS, CHRISTOPHER L**
STREET ADDRESS **917 STOKES STREET**
CITY-STATE-ZIP **JACKSONVILLE, FL 32221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☒ Delete
NAME **ROYAL, BRUCE G**
STREET ADDRESS **4591 WHEELER AVE.**
CITY-STATE-ZIP **JACKSONVILLE, FL 32210**

TITLE **T** ☒ Change ☐ Addition
NAME **HOWARD, DANIEL M.**
STREET ADDRESS **9434 SANDLER RD**
CITY-STATE-ZIP **JACKSONVILLE, FL 32222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 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 *Robert S. Howard* **1/12/06 904 779 0052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone