2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Jan 19, 2007 8:00 am Secretary of State DOCUMENT # P94000040683 01-19-2007 90027 031 ***158.75 TRUCK REFRIGERATION SERVICE & RENTAL, INC. Principal Place of Business Mailing Address 10820 49TH STREET NORTH 4121 81ST AVE. CLEARWATER, FL 33762 PINELLAS PARK, FL 33781 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4175-110th Avenue Suite, Apt. #, etc 01172007 CR2E034 (12/06) Chg-P City & State City & State ▲ FEI Number Applied For 164LMA) 59-3254702 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANNON, GEORGE W Street Address (P.O. Box Number is Not Acceptable) **4121 81ST AVENUE** PINELLAS PARK, FL 33781 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HANNON, GEORGE W NAME NAME **4121 81ST AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME HANNON, CAROL A NAME STREET ADDRESS **4121 B1ST AVENUE** STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

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