2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9600000396

City-St-Zip:

NAPLES, FL 34109

FILED Jan 09, 2009 Secretary of State

Entity Name: COMMERCIAL REFRIGERATION, INC.					
Current Pr	incipal Pla	ace of Business:	New Principal Plac	New Principal Place of Business:	
1901 J&C E NAPLES, F			1901 J&C BLVD SUITE B NAPLES, FL 34109		
Current Ma	ailing Add	ress:	New Mailing Addre	New Mailing Address:	
1901 J&C E NAPLES, F			1901 J&C BLVD SUITE B NAPLES, FL 34109		
FEI Number:	65-0630098	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
ALBERT, JAMES P 1901 J&C BLVD NAPLES, FL 33942 US			ALBERT, JAMES P 1901 J&C BLVD SUITE B NAPLES, FL 34109	1901 J&C BLVD	
The above in the State	named ent of Florida.	ty submits this statement for the pu	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	E: JAMES	S P. ALBERT SR.		01/09/2009	
	Elect	ronic Signature of Registered Age	nt	Date	
Election Carr	ıpaign Finan	cing Trust Fund Contribution ().			
OFFICERS	AND DIR	ECTORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ALBERT, JA 1901 J& C I NAPLES, FI	BLVD. UNIT B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP WALLEN, T 1901 J&C E NAPLES, FI	LVD. UNIT B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:		(X) Delete SALVATORE LVD. UNIT B	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: TIMOTHY J. WALLEN VΡ 01/09/2009