


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000021116 1. Entity Name MASON'S REFRIGERATION AND AIR CONDITIONING, INC.	
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Principal Place of Business 1438 E. OAK STREET B FERNANDINA BEACH, FL 32034 US	Mailing Address PO BOX 1122 FERNANDINA BEACH, FL 32035-1122 US
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03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376852	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MASON, DAVID B PRES 2210 SAFE HARBOR LANE FERNANDINA BEACH, FL 32034

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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 <i>Susan M. Mason</i> Signature, typed or printed name of registered agent and title if applicable.	<i>SUSAN M. MASON</i> (NOTE: Registered Agent signature required when re-registering)	<i>28 MAR 2008</i> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, DAVID B PRES 2210 SAFE HARBOR LANE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, SUSAN M SEC/TRE 2210 SAFE HARBOR LANE FERNANDINA BEACH, FL 32034
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04/10/08-80088-007 150.00

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 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: <i>Susan M. Mason</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>SUSAN M. MASON</i> Date	<i>28 MAR 08</i> Daytime Phone # <i>277-4743</i>