2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000065570

1. Entity Name
ALL TEMP REFRIGERATION & AC, INC.

Principal Place of Business	Mailing Address
17419 35TH PLACE N. LOXAHATCHEE, FL 33470-3699 US	17419 35TH PLACE N. LOXAHATCHEE, FL 33470-3699 US

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0685212
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INTAGLIATA, FELIX
17419 35TH PLACE N.
LOXAHATCHEE, FL 33470-3699

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000838017
03/05/08-80013-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	INTAGLIATA, FELIX
STREET ADDRESS	17419 35TH PLACE N.
CITY-ST-ZIP	LOXAHATCHEE, FL 334703699
TITLE	TS
NAME	INTAGLIATA, MARIA
STREET ADDRESS	17419 35TH PLACE N.
CITY-ST-ZIP	LOXAHATCHEE, FL 334703699
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/20/08 561-964-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #