


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000032710 1. Entity Name YBOR DISTRICT COOLING, INC.	
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Principal Place of Business 902 NORTH HIMES AVENUE TAMPA, FL 33602 US	Mailing Address 902 NORTH HIMES AVENUE TAMPA, FL 33602 US
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07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3442612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHAM, FREDERICK
 4514 CENTRAL AVENUE
 ST. PETERSBURG, FL 33711

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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
Due by September 7, 2005

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALLISON, J. 702 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GILLETTE, G. L. 702 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHRISTMAS, R. B. 702 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANTRELL, W. N. 702 N FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHWARTZ, D. E. 702 N FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, R. P. 702 FRANKLIN ST TAMPA, FL 33602

UN00001373768
 07/20/05-80008-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JAY ALLISON 07-08-05 813-877-8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #