

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000053499

1. Entity Name
AMOS'S A/C & REFRIGERATION, INC.



**FILED
Jan 14, 2005 08:00 AM
Secretary of State**

Principal Place of Business
613 HWY 98 NORTH
OKEECHOBEE, FL 34972

Mailing Address
613 HWY 98 NORTH
OKEECHOBEE, FL 34972



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|---|
| 4. FEI Number 65-0763740 | 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

PRICE, AMOS
613 HWY 98 NORTH
OKEECHOBEE, FL 34972

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRICE, AMOS
STREET ADDRESS 613 HWY 98 NORTH
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE STD
NAME PRICE, DONNA
STREET ADDRESS 613 HWY 98 NORTH
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DONNA PRICE Norma Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05 863-763-2807

Date

Daytime Phone #