

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 017 ***150.00

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1. Entity Name

CATO REFRIGERATION & AIR CONDITIONING, INC.



Principal Place of Business
19 E 17TH STREET
SAINT CLOUD FL 34769
US

Mailing Address
19 E 17TH STREET
SAINT CLOUD FL 34769
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3507801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAIN, DENNIS F
5703 RED BUG LAKE ROAD
PMB 237
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CATO, ROBERT P.
STREET ADDRESS 106 MISSISSIPPI AVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ST ☐ Delete
NAME CATO, EDWIN
STREET ADDRESS 106 MISSISSIPPI AVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE VP ☐ Delete
NAME CATO, TRAVIS
STREET ADDRESS 110 SOUTH BUENA VISTA AVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CATO, Robert P. ☒ Change ☐ Addition
NAME address
STREET ADDRESS 3590 Home Town Lane
CITY-ST-ZIP St. Cloud, FL 34769

TITLE CATO, Edwin ☒ Change ☐ Addition
NAME address
STREET ADDRESS 3570 Home Town Lane
CITY-ST-ZIP St. Cloud, FL 34769

TITLE CATO, TRAVIS ☒ Change ☐ Addition
NAME address
STREET ADDRESS 3531 Home Town Ln.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/06 407
891-8890