

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

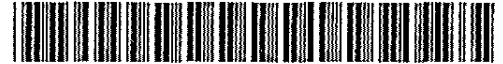
DOCUMENT # P98000006072

1. Entity Name
ALL-RITE AIR CONDITIONING & REFRIGERATION
SERVICES INC.



Principal Place of Business
30352 QUAIL ROOST TRAIL
BIG PINE KEY, FL 33043 US

Mailing Address
27139 ANGELFISH RD
SUMMERLAND KEY, FL 33042-5306



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0808885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THRELKELD, JON E JR
27139 ANGELFISH RD
SUMMERLAND KEY, FL 33042-5306

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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 P
NAME THRELKELD, JON E JR
STREET ADDRESS 27139 ANGELFISH RD.
CITY-ST-ZIP SUMMERLAND KEY, FL 330425306

TITLE TS
NAME THRELKELD, NEYSA M
STREET ADDRESS 27139 ANGELFISH RD.
CITY-ST-ZIP SUMMERLAND KEY, FL 330425306

TITLE D
NAME THRELKELD, JEREMY
STREET ADDRESS 27139 ANGELFISH RD.
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

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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03/14/05-80070-007 150.00

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IN THIS SPACE**

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: Neysa M Threlkeld Neysa Threlkeld 2/18/05 305-872-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #