


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 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
---	--



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0808885** ☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THRELKELD, JON E JR 27139 ANGELFISH RD SUMMERLAND KEY, FL 33042-5306
--

**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 except the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THRELKELD, JON E JR 27139 ANGELFISH RD. SUMMERLAND KEY, FL 330425306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS THRELKELD, NEYSA M 27139 ANGELFISH RD. SUMMERLAND KEY, FL 330425306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRELKELD, JEREMY 27139 ANGELFISH RD. 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	

U00000471746
03/29/06-80009-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Neysa Threlkeld Neysa Threlkeld 3/16/06 305-872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **391**