

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 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



02072008 No Chg-P CR2E034 (11/05)

**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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000875910  
04/11/08-80052-013 150.00

**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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Neysa Threlkeld* Neysa Threlkeld 3/26/08 305-772-3919