2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006072

1. Entity Name

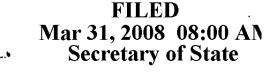
ALL-RITE AIR CONDITIONING & REFRIGERATION SERVICES INC.

Principal Place of Business

30352 QUAIL ROOST TRAIL BIG PINE KEY, FL 33043 Mailing Address

27139 ANGELFISH RD

SUMMERLAND KEY, FL 33042-5306





DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0808885

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of	Florida. I am Iamilia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered	d Agent signature	required when reinstaling)		DATE	
		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00 04/11/	000875910 108-80052-0	12 150 an
10.	OFFICERS AND DIREC	TORS					10.1130 100 1
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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			DO	NOTV	VRITE	
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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Neysa Threlkeld

3/26/08 305-872-3919

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Daytima Phone #