

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006072

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

30352 QUAIL ROOST TRAIL  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

**Current Mailing Address:**

27139 ANGELFISH RD  
SUMMERLAND KEY, FL 330425306

**New Mailing Address:**

**FEI Number:** 65-0808885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THRELKELD, JON E JR  
27139 ANGELFISH RD  
SUMMERLAND KEY, FL 330425306 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THRELKELD, JON E JR  
Address: 27139 ANGELFISH RD.  
City-St-Zip: SUMMERLAND KEY, FL 330425306

Title: TS ( ) Delete  
Name: THRELKELD, NEYSA M  
Address: 27139 ANGELFISH RD.  
City-St-Zip: SUMMERLAND KEY, FL 330425306

Title: D ( ) Delete  
Name: THRELKELD, JEREMY  
Address: 27139 ANGELFISH RD.  
City-St-Zip: SUMMERLAND KEY, FL 33042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NEYSA M THRELKELD

TS

03/24/2009

Electronic Signature of Signing Officer or Director

Date