2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P99000002163

Entity Name: NORTH AMERICAN REFRIGERATION SERVICES, INC.

Current Principal Place of Business:

526 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

526 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3550438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLBROOK, A. LEON III
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 322025059 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: AT ( ) Delete
Name: WELBORN, FRANK
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete
Name: HOUSER, FRANK
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: ORTEGAS, VERNON
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Delete
Name: PLATT, LEWIS
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Delete
Name: MILLER, JOHN B III
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ORTAGUS, VERNON
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC (X) Change ( ) Addition
Name: WELBORN, FRANK
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TRE (X) Change ( ) Addition
Name: PLATT, LEWIS
Address: 526 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: CHRISTINA DENNISON OM 04/01/2009

Electronic Signature of Signing Officer or Director — Date