


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90089 001 \*\*\*150.00

<b>DOCUMENT # P99000024443</b>	
1. Entity Name <b>TURBO REFRIGERATION AND AIR CONDITIONING, INC.</b>	

Principal Place of Business <b>3551 METRO PKWY. FORT MYERS FL 33916</b>	Mailing Address <b>PO BOX 60132 FT MYERS FL 33906</b>
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2. Principal Place of Business - No P.O. Box # <b>2787 N. Airport Rd.</b>		3. Mailing Address <b>P.O. Box 60132</b>	
Suite, Apt. #, etc. <b>Unit # 401.</b>		Suite, Apt. #, etc.	
City & State <b>FT. MYERS, FL.</b>		City & State <b>FT. MYERS, FL.</b>	
Zip <b>33907</b>	Country <b>USA</b>	Zip <b>33906</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>MATLAND, RUDOLPH K 12995 S CLEVELAND AVE, #107 FORT MYERS FL 33907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TOLLISON, BRIAN POB 60132 FT MYERS FL 33906 <i>wrong</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T. VANGARSEL, KENNETH P.O. Box 60132 FT. MYERS, FL. 33906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS VANGARSEL, KENNETH P.O BOX 60132 FORT MYERS FL 33906 <i>wrong</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.S. Tollison, Brian P.O. Box 60132 FT. MYERS, FL. 33906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Brian Tollison* (Brian Tollison) 1-29-07 239-561-1116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #