2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State
08-07-2007 90027 006 ***150.00
09-10-2007 90001 043 ***400.00

DOCUMENT # P99000028601

1. Entity Name
ISLAND REFRIGERATION & A/C, INC.

Principal Place of Business
3255 FLAGLER AVENUE
SUITE 308
KEY WEST, FL 33040

Mailing Address
P.O. BOX 2238
KEY WEST, FL 33045

07232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 3255 Flagler
Suite, Apt. #, etc. #308
City & State Key West FL
Zip 33040 Country None

3. Mailing Address P.O. Box 2238
Suite, Apt. #, etc.
City & State Key West FL
Zip 33045 Country None

4. FEI Number 65-0906418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCOIN, DAVID
3720 DONALD AVE
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
Name DAVID McCain
Street Address (P.O. Box Number is Not Acceptable) 3720 Donald
City Key West FL Zip Code 33040

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAIN, SHANNAN 3255 FLAGLER AVENUE, SUITE 308 KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 8/2/07 305-797-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #