2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # S24936 > 1. Entity Name COMMERCIAL & INDUSTRIAL REFRIGERATION, INC. Principal Place of Business Mailing Address PO BOX 2227 JUPITER FL 33468 US 205 COMMERCE WAY JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0234714 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEAY, WALTER RAY 205 COMMERCE WAY Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 Zip Code 3. 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. Signature, typed or printed name of registered agent and tills if applicable NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. me ☐ Delete JULIE Change ☐ Addition SEAY, WALTER RAY NAME. U00000319639 NAME 11125 THYME DR. SYRFET ADDRESS STREET ADDRESS 04/21/05-80008-001 150.00 CITY-ST-ZIP PALM BCH GARDNS FL CITY-SI-ZIP TITLE Delete TITLE Change Addition NAME SEAY, DONALD R. NAME STREET ADDRESS 205 COMMERCE WAY STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE Delete TITHE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP IND F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED

SIGNATURE: Designature and typed on Printed Name of Signing Officer on Director 4/18/05 561-743-423