2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S24936

1. Entity Name
COMMERCIAL & INDUSTRIAL REFRIGERATION, INC.

Principal Place of Business	Mailing Address
205 COMMERCE WAY	PO BOX 2227
JUPITER, FL 33458	JUPITER, FL 33468 US

DO NOT WRITE IN THIS SPACE

01022007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0234714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEAY, WALTER RAY
205 COMMERCE WAY
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SEAY, WALTER RAY
STREET ADDRESS	11125 THYME DR.
CITY-ST-ZIP	PALM BCH GARDNS, FL

TITLE	P
NAME	SEAY, DONALD R.
STREET ADDRESS	205 COMMERCE WAY
CITY-ST-ZIP	JUPITER, FL

U00000714936
04/27/07-80043-010 150.00

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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: *Donald R. Seay*   Donald R Seay   4/16/07   561-743-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #