

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59150

FILED  
Apr 09, 2005  
Secretary of State

Entity Name: SAMOL REFRIGERATION, INC.

## Current Principal Place of Business:

5750 WASHINGTON ST  
NAPLES, FL 34109 US

## New Principal Place of Business:

5800 HOUCHIN ST  
NAPLES, FL 341091941 US

## Current Mailing Address:

5750 WASHINGTON ST  
NAPLES, FL 34109 US

## New Mailing Address:

5800 HOUCHIN ST  
NAPLES, FL 341091941 US

FEI Number: 65-0266078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOL, NORMAN  
5750 WASHINGTON STREET  
NAPLES, FL 33942 US

## Name and Address of New Registered Agent:

SAMOL, NORMAN  
5800 HOUCHIN ST  
NAPLES, FL 341091941 US

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:

04/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAMOL, NORMAN,  
Address: 5750 WASHINGTON ST.  
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete  
Name: BOROWSKI, DEBORAH T  
Address: 394 S HAVEN LN  
City-St-Zip: FT MYERS, FL 33919

Title: S ( ) Delete  
Name: CHEER, PENINA J  
Address: 5750 WASHINGTON ST  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAMOL, NORMAN,  
Address: 5800 HOUCHIN ST  
City-St-Zip: NAPLES, FL 34109

Title: V (X) Change ( ) Addition  
Name: BOROWSKI, DEBORAH T  
Address: 301 COUNTRY CLUB DR  
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change ( ) Addition  
Name: CHEER, PENINA J  
Address: 5800 HOUCHIN ST  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMAN SAMOL

PD

04/09/2005

Electronic Signature of Signing Officer or Director

Date