2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V05356

1. Entity Name
CENTRAL AIR CONDITIONING & REFRIGERATION SUPPLY, INC.

Principal Place of Business	Mailing Address
1060 AURORA RD MELBOURNE, FL 32935 US	PO BOX 361232 MELBOURNE, FL 32936 US

DO NOT WRITE IN THIS SPACE

01152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3099043	Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRAW, FRANKLYN D
700 WHISPERING PINES CIR
MELBOURNE, FL 32940

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

U00000718981
05/01/07-80044-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCCRAW, FRANKLYN D
STREET ADDRESS	700 WHISPERING PINES CIR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/12/07   321-253-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #