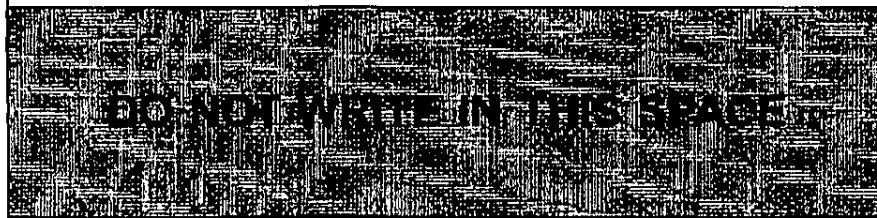


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State

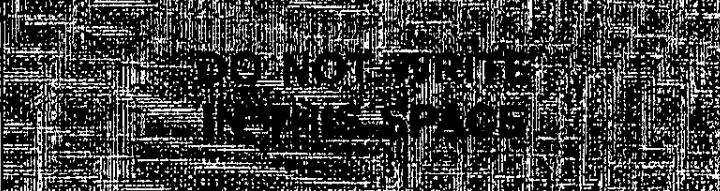
DOCUMENT # V05356	
1. Entity Name CENTRAL AIR CONDITIONING & REFRIGERATION SUPPLY, INC.	

Principal Place of Business 1060 AURORA RD MELBOURNE, FL 32935 US	Mailing Address PO BOX 361232 MELBOURNE, FL 32936 US
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04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3099043	Applied For ☐ 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	
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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 _____

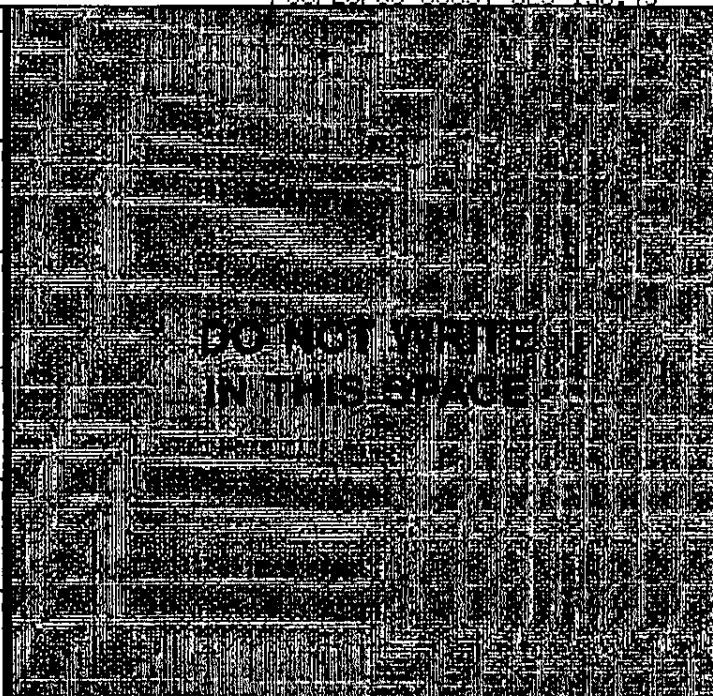
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/submitting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**U00000927270
05/20/08-80097-023 158.75

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



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLYN D. McCraw

4/25/08

321-253-4000

Daytime Phone #