

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 040 ***150.00

DOCUMENT # V68683

1. Entity Name
PENNREFRIGERATIONANDAIRCONDITIONING,INC.



Principal Place of Business
**3410N.E.6TH TERRACE
POMPANOBACH,FL33064**

Mailing Address
**3410N.E.6TH TERRACE
POMPANOBACH,FL33064**

54056611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-P

CR2E034(10/03)

City & State

City & State

4. FEI Number

65-0362432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOYCE,JOSEPH H.
2324NE28TH STREET
LIGHTHOUSEPOINT,FL33064**

7. Name and Address of New Registered Agent

Name **Joseph H. Joyce**

Street Address (P.O. Box Number is Not Acceptable)

2130 NE 30th Street

City **Lighthouse Point**

FL

Zip Code
33064

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JOYCE,JOSEPH H.**
STREET ADDRESS **2324NE28TH STREET**
CITY-ST-ZIP **LIGHTHOUSEPOINT,FL33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **JOSEPH H. JOYCE**
STREET ADDRESS **2130 NE 30th Street**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Joseph H. Joyce
President

2/4/04 954.942.5284

Date

Daytime Phone #