# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P12000020024

#### Entity Name: CHILLER MEDIC INC

## **Current Principal Place of Business:**

8933 WESTERN WAY SUITE 18 JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8933 WESTERN WAY SUITE 18 JACKSONVILLE, FL 32256 US

## FEI Number: 45-5306097

## Name and Address of Current Registered Agent:

LAMPP, DAVID FLETCHER JR. 8933 WESTERN WAY SUITE 18 JACKSONVILLE, FL 32256 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: DAVID FLETCHER LAMPP JR

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PRESIDENT
Name	LAMPP, DAVID FLETCHER JR.
Address	8933 WESTERN WAY SUITE 18
City-State-Zip:	JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: DAVID LAMPP

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 18, 2025 Secretary of State 0149244618CC

Certificate of Status Desired: No

03/18/2025

Date

03/18/2025

Date