2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P00000007982 1. Entity Name 04-19-2004 90402 021 \*\*\*150.00 CAPE COOLING, INC. Mailing Address Principal Place of Business 3007 S.W. 26TH COURT 3007 S.W. 26TH COURT CAPE CORAL FL 33914-4714 CAPE CORAL FL 33914-4714 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0971254 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CERATO, RICHARD W-II- --Street Address (P.O. Box Number is Not Acceptable) 3007 S.W. 26TH COURT CAPE CORAL FL: 33914-4714 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE CERATO, II, RICHARD W NAME STREET ADDRESS STREET ADDRESS 3007 SW 26TH CT. CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME CERATO, III, RICHARD W NAME 3007 SW 26TH CT. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DS Delete TITLE CERATO, FRANCINE NAME STREET ADDRESS STREET, ADDRESS 3007 SW 26TH-CT: ~ CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 divisive empower of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED