## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000071267

Entity Name: THE KOOL TEAM, INC.,

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7123 MARCONI CT 19659 MADDELENA CIRCLE NAPLES, FL 34114 FT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

7123 MARCONI CT 19659 MADDELENA CIRCLE NAPLES, FL 34114 19659 MADDELENA CIRCLE FT MYERS, FL 33967

FEI Number: 26-0380650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHERIDAN, DUNCAN
7123 MARCONI CT
NAPLES, FL 34114 US

MILLER, JOE
19659 MADDELENA CIRCLE
FT MYERS, FL 33967 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: JOE MILLER 03/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

4540 10TH ST., NE

NAPLES, FL 34120

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT
 ( ) Delete
 Title:
 PT
 (X) Change ( ) Addition

 Name:
 SHERIDAN, DUNCAN
 Name:
 SHERIDAN, DUNCAN

 Address:
 7123 MARCONI CT
 Address:
 1832 FLAGPOLE RD

Address: 7123 MARCONI CT Address: 1832 FLAGPOLE RE City-St-Zip: NAPLES, FL 34114 City-St-Zip: ELLIJAY, GA 30540

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: SHERIDAN, ELAINE SHERIDAN, ELAINE

 Name:
 SHERIDAN, ELAINE
 Name:
 SHERIDAN, ELAINE

 Address:
 7123 MARCONI CT
 Address:
 1832 FLAGPOLE RD

 City-St-Zip:
 NAPLES, FL 34114
 City-St-Zip:
 ELLIJAY, GA 30540

Title: S () Delete Title: () Change () Addition Name: HAZEL, GARY Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DUNCAN SHERIDAN PT 03/20/2009