

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018560

Entity Name: COOL ZONE A/C, INC.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

800 N ARMSTRONG BLVD
KISSIMMEE, FL 34741

New Principal Place of Business:

927 SAND LAKE RD
ORLANDO, FL 32809

Current Mailing Address:

800 N ARMSTRONG BLVD
KISSIMMEE, FL 34741

New Mailing Address:

927 SAND LAKE RD
ORLANDO, FL 32809

FEI Number: 20-1281422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MARK
8695 BLACK MESA DR
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMS, MARK A
Address: 8695 BLACK MESA DR
City-St-Zip: ORLANDO, FL 32827

Title: DV () Delete
Name: HOFFMAN, KENT S
Address: 1688 WINGSPAN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV () Delete
Name: HOFFMAN, SHARI A
Address: 1688 WINGSPAN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: ADAMS, MARK A
Address: 8695 BLACK MESA DR
City-St-Zip: ORLANDO, FL 32827

Title: DPS (X) Change () Addition
Name: HOFFMAN, KENT S
Address: 1688 WINGSPAN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A ADAMS

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01/26/2005

Electronic Signature of Signing Officer or Director

_____ Date