

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J86957**

1. Entity Name  
**CONDEE COOLING & ELECTRIC, INC.**



Principal Place of Business

% DONALD E. CONDEE  
25 FRONT STREET  
MARCO ISLAND, FL 34145 US

Mailing Address

% DONALD E. CONDEE  
25 FRONT STREET  
MARCO ISLAND, FL 34145 US



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2838156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CONDEE, DONALD E.  
25 FRONT ST.  
MARCO ISLAND, FL 34145

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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
NAME	CONDEE, DONALD E.
STREET ADDRESS	25 FRONT ST
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VD
NAME	CONDEE II, DONALD E.
STREET ADDRESS	442 DRIFTWOOD COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	STV
NAME	CONDEE, MARY LOU
STREET ADDRESS	959 N. BARFIELD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	AS
NAME	LEE, DEBORAH A.
STREET ADDRESS	6120 WHITAKER ROAD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VD
NAME	REYNOLDS, MICHELE A
STREET ADDRESS	4001 DALE AVENUE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000787083  
01/17/08-80067-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michele A Reynolds, VP* 01-15-2008 239-394-5721  
Date Daytime Phone #