

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M39134

1. Entity Name
SPOT COOLERS, INC.



Principal Place of Business

**444 E PALMETTO PARK RD
STE 200
BOCA RATON, FL 33432 US**

Mailing Address

**444 E PALMETTO PARK RD
STE 200
BOCA RATON, FL 33432 US**



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2720087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANKINS, JAMES M
1801 NORTH MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431**

**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**

**U000000844455
03/12/08-80036-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SWANSON, GWEN E
STREET ADDRESS	1370 ROYAL PALM WAY
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	PT
NAME	SWANSON, KENNETH R
STREET ADDRESS	1370 ROYAL PALM WAY
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	TAGGE, GARTH T
STREET ADDRESS	4 HARBOUR ISLE DR EAST
CITY-STATE-ZIP	HUTCHINSON ISLAND, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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

Kenneth R. Swanson

2/29/2008

Date

561-394-6455

Daytime Phone #