

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N40776

1. Entity Name
COOL CRUISERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
3305 5TH AVE NW
NAPLES, FL 34120 US

Mailing Address
P.O BOX 9290
NAPLES, FL 34101-9290 US

DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3046263

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SILVA, JOANNE
3305 5TH AVE NW
NAPLES, FL 34120

**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

Joanne Silva

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/12/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000638072
02/27/07-80015-011.61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NOLAN, LINDA
STREET ADDRESS	281 5TH ST NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	ST
NAME	SILVA, JOANNE
STREET ADDRESS	3305 5TH AVE NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	P
NAME	SILVA, JOSEPH P
STREET ADDRESS	3305 5TH AVE NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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 617, 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:

Joanne Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Silva
Treas./Secy

Date

2/12/07

Daytime Phone #

239 - 643
3003