


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N40776 1. Entity Name COOL CRUISERS OF SOUTHWEST FLORIDA, INC. |  |
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| Principal Place of Business 3305 5TH AVE NW NAPLES, FL 34120 US | Mailing Address P.O BOX 9290 NAPLES, FL 34101-9290 US |
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3046263 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent SILVA, JOANNE 3305 5TH AVE NW NAPLES, FL 34120 | DO NOT WRITE IN THIS SPACE |
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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

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NOLAN, LINDA 281 5TH ST NW NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SILVA, JOANNE 3305 5TH AVE NW NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SILVA, JOSEPH P 3305 5TH AVE NW NAPLES, FL 34120 |
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03/27/08-80038-014 70.00

**DO NOT WRITE
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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 **JOANNE SILVA** 3-5-08 239-692-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #