

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000007982

1. Entity Name
CAPE COOLING, INC.



Principal Place of Business
**1231 NW 18TH TERRACE
CAPE CORAL, FL 33993-5082**

Mailing Address
**1231 NW 18TH TERRACE
CAPE CORAL, FL 33993-5082**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0971254** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CERATO, RICHARD W II
1231 NW 18TH TERRACE
CAPE CORAL, FL 33993-5082**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **CERATO, II, RICHARD W**
STREET ADDRESS **1231 NW 18TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 339935082**

TITLE **VP**
NAME **CERATO, III, RICHARD W**
STREET ADDRESS **2105 NE 14TH AVENUE**
CITY-ST-ZIP **CAPE CORAL, FL 339093404**

TITLE **DS**
NAME **CERATO, FRANCINE**
STREET ADDRESS **1231 NW 18TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 339935082**

TITLE
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**000000413748
02/11/06-80008-005 150.00**

**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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06
Date

Daytime Phone # _____