

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 011 ***158.75

DOCUMENT # P01000005881

1. Entity Name

JOE COOL A/C & HEATING OF PINELLAS, INC.



Principal Place of Business

7300 56TH STREET NORTH
PINELLAS PARK FL 33781

Mailing Address

7300 56TH STREET NORTH
PINELLAS PARK FL 33781

7308 56th ST NO PINELLAS PARK

2. Principal Place of Business

7308 56th ST NO

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK

City & State

PINELLAS PARK

Zip

33781

Country

FLORIDA

Zip

33781

Country

FLORIDA

4. FEI Number

59-3695678

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

HALE, FRED H
5650 PARK BLVD., STE. 1
PINELLAS PARK FL 33781-3421

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BELANGER, JOSEPH M**
STREET ADDRESS **5650 PARK BLVD., STE. 4**
CITY-ST-ZIP **PINELLAS PARK FL 33781-3354**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/19/05