2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90039 007 ***150.00

DOCUMENT # P01000035730

1. Entity Name
KOOL KAT HEATING & AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
12554 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706	~~12554 CAPRI CIRCLE NORTH~~ ~~TREASURE ISLAND, FL 33706~~

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	10611 Baypines blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5
City & State	City & State ST. Pete FL
Zip / Country	Zip 33708-3107 / Country Pinellas

4. FEI Number 59-3748346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHRADER, BREEN
12554 CAPRI CIRCLE NORTH
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SHRADER, BREEN	
STREET ADDRESS	12554 CAPRI CIRCLE NORTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VT	☐ Delete
NAME	SHRADER, BRICE	
STREET ADDRESS	12554 CPRI CIRCLE NORTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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] BRICE Shrader — 3-10-2004 — (727) 360-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #