

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000040535

1. Entity Name
COOL CHANGE FISHING, INC.



Principal Place of Business
1120 PETRONIA ST
KEY WEST, FL 33040

Mailing Address
1120 PETRONIA ST
KEY WEST, FL 33040

FILED
Feb 20, 2004 08:00 AM
Secretary of State



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1098779

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMEON, CINDY L
1120 PETRONIA ST
KEY WEST, FL 33040

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000059991
02/23/04-90022-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMEON, DARYL L 1120 PETRONIA ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMEON, CINDY L 1120 PETRONIA ST KEY WEST, FL 33040
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DO NOT WRITE
IN THIS SPACE

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 #

Cindy Lee Simeon 2-17-04 305 296 2021
Cindy Lee Simeon