

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072491

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COOL AID AIR CONDITIONING OF SW FLORIDA, INC.

**Current Principal Place of Business:**

705 PONDELLA RD UNIT G  
NORTH FT. MYERS, FL 33903

**New Principal Place of Business:**

705 PONDELLA RD UNIT G  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

705 PONDELLA RD UNIT G  
NORTH FT. MYERS, FL 33903

**New Mailing Address:**

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

FEI Number: 65-1119796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUTT, DARRIN R  
1105 CAPE CROAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BOULEVARD  
SUITE 101  
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LINK, DAVID B  
Address: 705 PONDELLA RD UNIT G  
City-St-Zip: NORTH FT. MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: LINK, DAVID B  
Address: 705 PONDELLA RD UNIT G  
City-St-Zip: NORTH FT. MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. LINK

DPST

04/30/2009

Electronic Signature of Signing Officer or Director

Date