

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P01000080863

1. Entity Name  
JUST COOL IT AIR CONDITIONING COMPANY



FILED

08 AUG 15 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1131977</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMPERI, SAMUEL G  
42 LAKE HENRY DRIVE  
LAKE PLACID, FL 33852

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

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPVS  
SAMPERI, SAMUEL G  
42 LAKE HENRY DR  
LAKE PLACID, FL 33852

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
Samperi, Samuel  
42 Lake Henry Dr.  
Lake Placid, FL 33852

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
Podubynsky, George  
11310 SW 12th Court  
Davie, FL 33325

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
Gagne, Jennifer  
9731 W. McNab Road  
Tamarac, FL 33321

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900134596579  
08/19/08-01020-008 \*\*\*61.25

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:** *Samuel G. Samperi* **Date:** *080808* **Daytime Phone #:** *863-414-1038*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR