2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000037576

1. Entity Name
MERCURY COOLING SERVICE, INC.



FILED May 05, 2004 08:00 AM Secretary of State

Principal Place of Business

110 INNER HARBOUR WAY JUPITER, FL 33477 Mailing Address

110 INNER HARBOUR WAY JUPITER, FL 33477



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 37-1444971

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME O

CONSTANTINE, PETER 110 INNER HARBOUR WAY JUPITER, FL 33477

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligate SIGNATURE.	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATORE	Signature typed or printed name of registered agent and title	d applicable (NOTE Registered	l Agent signaturi	e required when reinstating)	OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		\$5.00 May Be Added to Fees	000000156465		
10.	OFFICERS AND DIRE	CTORS			US/ 03/04-20079-011 150.00		
TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE	PD CONSTANTINE, PETE 110 INNER HARBOUR WAY JUPITER, FL 33477						
NAME STREET ADDRESS CITY - ST - ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREFT ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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 publistee 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							

NING OFFICER OR DIRECTOR