

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000076452**

**1. Entity Name  
KOOL BEANZ & CO., INC.**



**Principal Place of Business  
3104 TOWN AVE - STE 107  
NEW PORT RICHEY, FL 34655**

**Mailing Address  
3104 TOWN AVE - STE 107  
NEW PORT RICHEY, FL 34655**



**01182006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
33-1065122**

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

**Applied For  
Not Applicable**

**6. Name and Address of Current Registered Agent**

**ORT, MYRON  
11155 MANDALAY WAY  
BOYNTON BEACH, FL 33437**

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**P  
HANOUSEK, KATHY  
10207 PALLADIO DRIVE  
NEW PORT RICHEY, FL 34655**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**U00000396127  
01/27/06-80021-005 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Kathy Hanousek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**1-20-06 727 3767575**