2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000093803

1. Entity Name
COLD AIR NOW, INC.

Principal Place of Business	Mailing Address
308 SAVANNAH OAK PL SEFFNER, FL 33584	308 SAVANNAH OAK PL SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE

01262008   No Chg-P   CR2E034 (11/05)

4. FEI Number 22-3866948	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMS, JAMES E
308 SAVANAH OAK PL
SEFFNER, FL 33584

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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, 2008 Fee will be $550.00

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

U00000809035
02/08/08-80006-005 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	SAMS, JAMES E	
STREET ADDRESS	1920 WEST LAUREL STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SD	
NAME	SAMS, CHERYL M	
STREET ADDRESS	1920 WEST LAUREL STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   1-25-08   813-870-1440
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #