2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054677

1. Entity Name

COOL - AID AIR & REFRIGERATION, INC



FILED Mar 19, 2007 08:00 **Secretary of State**

Principal Place of Business

* Mailing Address

11003 US HIGHWAY 41 SOUTH GIBSONTON, FL 33534

PO BOX 164

GIBSONTON, FL 33534



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03142007 No Chg-P Applied For 4. FEI Number Not Applicable 35-2204069

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B. Name and Address of Current Registered Agent

WOLF, ROBERT 11003 US HIGHWAY 41 SOUTH GIBSONTON, FL 33534

DO NOT WRITE IN THIS SDACE

			PIX	IIIIO OFACL
	named entity submits this statement for the pions of registered agent.	elo Ribert wo	d office or registered agent, or bo IF / Reg. Agent Agent agniture reduced when reductating)	th, in the State of Florida. I am familiar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLF, ROBERT 11003 US HIGHWAY 41 SOUTH GIBSONTON, FL 33534	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			03/27/07-80117-012 150.00
TITLE NAME STREET ADORESS CXTY-ST-ZP	••·		DO	NOT WRITE
TIPLE MAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	# A A A A A A A A A A A A A A A A A A A		. .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·
12. I hereby indicates	certify that the information supplied with this if on this report or supplemental report is true	filing does not qualify for the exe and accurate and that my signat	emptions contained in Chapter 11 ture shall have the same legal effe	9. Florida Statutes, I further certify that the information as if made under oath; that I am an officer or

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 5% changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Solut a Wolf Robert WOLF/Per	swent 3-14-07	813-478
	BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	t Date	Oaytime Phone #