## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2006 08:00 AM **DOCUMENT # P03000077504 Secretary of State** 1. Entity Name COOL TECH REFRIGERATION & AIR CONDITIONING, INC. Principal Place of Business Mailing Address 5456 KENISCO RD 5456 KENISCO RD VENICE, FL 34293 VENICE, FL 34293 01192006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STROER, LORI E DO NOT WRITE 5456 KENISCO RD VENICE, FL 34293 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 renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STROER, JASON E NAME STREET ADDRESS 5456 KENISCO RD CITY-ST-ZIP VENICE, FL 34293 TITLE STROER, LORI E NAME STREET ADDRESS 5456 KENISCO RD CITY-ST-ZIP VENICE, FL 34293 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Sec

124/06 941-494-038

**FILED** 

Daytime Phone #