

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 019 ***150.00

DOCUMENT # P03000116654

1. Entity Name
QUICK COOL INC.



Principal Place of Business
4054 LOUIS AVENUE
HOLIDAY, FL 34691

Mailing Address
4054 LOUIS AVENUE
CLEARWATER, FL 34691

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4054 LOUIS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLIDAY, FL

Zip

Country

Zip

Country

34691

01192007

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0800103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENNELL, JAMES R
3400 COVE CAY DR #2A
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name

JOSEPH R. PENNELL

Street Address (P.O. Box Number is Not Acceptable)

2700 COVE CAY DRIVE #6E

City

CLEARWATER

FL

Zip Code

33760

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: JOSEPH R. PENNELL

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, 2007 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
DVS
PENNELL, JAMES R
STREET ADDRESS
3400 COVE CAY DR #2A
CITY-ST-ZIP
CLEARWATER, FL 33760

☒ Delete

TITLE
NAME
DPT
PENNELL, JOSEPH R
STREET ADDRESS
2700 COVE CAY DR #6E
CITY-ST-ZIP
CLEARWATER, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #