


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -3 AM 9:12

<b>DOCUMENT # P03000133089</b> 1. Entity Name <b>KOOL RAZE INC (NEW CORP)</b>																																			
Principal Place of Business <del>4439 DUNAWAY LN</del> <del>PENSACOLA, FL 32526</del>			Mailing Address <del>4439 DUNAWAY LN</del> <del>PENSACOLA, FL 32526</del>																																
2. Principal Place of Business <b>5330 MOBILE Hwy B-4</b>		3. Mailing Address Suite, Apt. #, etc.																																	
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City & State <b>PENSACOLA FL.</b>		City & State		4. FEI Number <b>42-1620639</b>																															
Zip <b>32526</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																															
6. Name and Address of Current Registered Agent  <b>PAGAN, HELEN</b> <b>4439 DUNAWAY LN</b> <b>PENSACOLA, FL 32526</b>				7. Name and Address of New Registered Agent Name <b>HEIKE VANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5330 MOBILE Hwy B4</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32526</b>																															
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: <u>Heike Vann</u> DATE: <u>4-30-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">THOMAS, CHERILYNN</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>4439 DUNAWAY LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>PENSACOLA, FL 32526</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">HEIKE VANN</td> <td style="width: 15%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>5330 MOBILE Hwy B-4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>PENSACOLA FL. 32526</td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	THOMAS, CHERILYNN	<input checked="" type="checkbox"/> Delete	STREET ADDRESS			4439 DUNAWAY LN		CITY-ST-ZIP			PENSACOLA, FL 32526		TITLE	P	NAME	HEIKE VANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS			5330 MOBILE Hwy B-4		CITY-ST-ZIP			PENSACOLA FL. 32526	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-30-04</u> <small>Daytime Phone #</small>																															