2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000152043

1. Entity Name
COOL BREEZE AIR CONDITIONING AND HEATING, INC.

Principal Place of Business
PO BOX 101126
CAPE CORAL, FL 33910

Mailing Address
PO BOX 101126
CAPE CORAL, FL 33910

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2137492
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXIE LEE BALL, P.A.
1420 SE 47TH ST
CAPE CORAL, FL 33904

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GILSENAN, JAMES T
STREET ADDRESS	PO BOX 101126
CITY-ST-ZIP	CAPE CORAL, FL 33910
TITLE	VD
NAME	GILSENAN, PATRICIA
STREET ADDRESS	PO BOX 101126
CITY-ST-ZIP	CAPE CORAL, FL 33910
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80078-014 150.00

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: James T. Gilsenan 4-16-06 239-549-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #