

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 030 ***150.00

DOCUMENT # P04000018560

1. Entity Name
COOL ZONE A/C, INC.



Principal Place of Business

~~927 SAND LAKE RD~~
~~ORLANDO, FL 32809~~

Mailing Address

~~927 SAND LAKE RD~~
~~ORLANDO, FL 32809~~

4964 S. ORANGE AVE
ORLANDO, FL 32806



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1281422

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, MARK
8695 BLACK MESA DR
ORLANDO, FL 32829

**DO NOT WRITE
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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	ADAMS, MARK A
STREET ADDRESS	8695 BLACK MESA DR
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	DPS
NAME	HOFFMAN, KENT S
STREET ADDRESS	1688 WINGSPAN WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	DV
NAME	HOFFMAN, SHARI A
STREET ADDRESS	1688 WINGSPAN WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-FEB-08