

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2007 08:00 AM

Secretary of State

#15000

#3473

4/12/07



DOCUMENT # P04000070408

1. Entity Name
SUN KOOL AIR CONDITIONING SERVICES, INC.

Principal Place of Business

1806 NE 2 AVE
OCALA, FL 34470

Mailing Address

P.O. BOX 3171
OCALA, FL 34478



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1054678

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, FRANK W II
P.O. BOX 3171
OCALA, FL 34478

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000707836
04/24/07-80088-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NICHOLSON, FRANK W II
P.O. BOX 3171
OCALA, FL 34478

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
NICHOLSON, BERTIE
P.O. BOX 3171
OCALA, FL 34478

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

4-12-07

Date

3526221067

Daytime Phone #