

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074037

Entity Name: E-COOL LEASING COMPANY, INC.

FILED
Jan 08, 2005
Secretary of State

Current Principal Place of Business:

5410 FLORA AVE.
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5410 FLORA AVE.
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 20-1090545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPADONA, ROBERT B
5410 FLORA AVE.
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPPADONA, ROBERT B
Address: 5410 FLORA AVE.
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: CAPPADONA, JENNIFER
Address: 5410 FLORA AVE.
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: CAPPADONA, SCOTT
Address: 5015 MALUS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: LUBELSKI, JOSEPH
Address: 5015 MALUS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER CAPPADONA

T

01/08/2005

Electronic Signature of Signing Officer or Director

Date