

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P04000169753

1. Entity Name

COOL AIRE OF PINELLAS, INC.



03-27-2006 90286 002 \*\*\*\*\*8.75

03-27-2006 90286 001 \*\*\*150.00

Principal Place of Business

6681 67TH LANE  
PINELLAS PARK FL 33781  
US

Mailing Address

6681 67TH LANE  
PINELLAS PARK FL 33781  
US



2. Principal Place of Business

6681 67th LANE  
Suite, Apt. #, etc.

3. Mailing Address

6681 67th LANE  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Pinellas Park FL 33781

City & State

Pinellas Park FL 33781

4. FEI Number

34-2029255

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEST, CLINT J  
6681 67 LN N  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

CLINT J WEST

Street Address (P.O. Box Number is Not Acceptable)

6681 67th LANE

City

Pinellas Park

FL

Zip Code

33781

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 re-registering)

DATE

3-20-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WEST, CLINT  
STREET ADDRESS 6681 67TH LANE  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-20-06

Date

Daytime Phone #

727 459 1050