

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000169753

1. Entity Name

COOL AIRE OF PINELLAS, INC.



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

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

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



1st MOORE CR2E034 (10/05)

Principal Place of Business 6681 67TH LANE PINELLAS PARK FL 33781 US		Mailing Address 6681 67TH LANE PINELLAS PARK FL 33781	
2. Principal Place of Business 6681 67th LANE Suite, Apt. #, etc.		3. Mailing Address 6681 67th LANE Suite, Apt. #, etc.	
City & State Pinellas Park FL 33781		City & State Pinellas Park FL 33781	
Zip 33781	Country Pinellas	Zip 33781	Country Pinellas
6. Name and Address of Current Registered Agent  E WAST, CLINT J 6681 67 LN N PINELLAS PARK FL 33781		7. Name and Address of New Registered Agent  Name <i>Clint S west</i> Street Address (P.O. Box Number is Not Acceptable) <i>6681 67th LANE</i> City <i>Pinellas Park</i> Zip Code <i>FL 33781</i>	

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 *Clint S. West*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

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 **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CLINT 6681 67TH LANE PINELLAS PARK FL 33781	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Clint S. West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 727 459 1050

Date

Daytime Phone #