2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2008 8:00 am Secretary of State 05-01-2008 90180 033 ***150.00

DOCUMENT # P06000023954 1. Eraity Name SUN KOOL COMMERCIAL DIVISION, INC.								05-01-2008	8 90180	033	130.00
Principal Place of Business				Mailing Address			1				
1806 NE 2ND AVE OCALA, FL 34470				1806 NE 2ND AVE OCALA, FL 34470			66012392				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address Po Bot 3/71							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02122008 Chg-P CR2E034 (12/06)				
City & State OCALA FL				City & State OCALA	-	4, FEI Numb	-			oplied For ot Applicable	
Zip Country 3441.0				Zip 34478	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name			gistered Agent	Name	7. Name an	d Address of New R	tegistered	Agent		
NICHOLSON II, FRANK. 1806 NE 2ND AVE OCALA, FL 34470 OCALA 7L 34471						Street Address	D O Boy Numb	per is Not Acceptable			
1806 NE 2ND AVE # 2419 OCALA FL 34470				30 T	Sireer Address	P.O. BOX NUME	er is Not Acceptable	"			
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·						City			FI	Zip Cod	•
	named entitions of regis		atement for the	he purpose of changing it	s registere	ed office or registe	red agent, or bo	oth, in the State of Fig	orida. I arr	familiar with,	and accept
SIGNATURE Signature, types to phisted name of registered agent and 8te if applicable. (NOTE: Registered Agent organizer required when reinstating) DATE											
FILE NOW!!! FEE 13 \$150.00 After May 1, 2008 Pres will be \$550.00 9. Election Campeign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. 1	DP	OFFIC	ERS AND DI		11.		ADDITIONS	CHANGES TO OFF	ICERS AN		
TITLE NAME		ON II, FRANK		☐ Delete	E				Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP	PO BOX				ET ADDRESS						
IME	OCALA, F	-L 34478		C Orietz	IME	-ST-ZIP				☐ Change	Addition
NAME	NICHOLS	ON, BERTIE		Li cede	NAM	E					
STREET ADDRESS CITY-ST-ZIP	PO BOX : OCALA, F					FT ADDRESS -ST-ZIP					i
IITLE	<u> </u>			Delete	-			·	[] Change	Addition	
NAME STREET ADDRESS					NAM	E E1 Adoress					ı
CITY-ST-ZIP						-ST-ZIP					
TITLE		•		☐ Delete	MAN					Change	☐ Addition
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CITY-ST-ZIP						-ST-ZIP					
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DITLE	 			Delete	TITLE					Change	☐ Addition
NAME				E DOME	NAME	I				C) over-the	
STREET ADORESS CITY-S1-ZIP					4	et adoress -st-zip					
12. I hereby certify that the information supplied with this filling 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 end that my signature shall have the same legal effect as if made under eath; 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: SEGNATURE AND TYPED OR PROPTED HAME OF SEGNING OFFICER OR DIRECTOR Date Degree Props &											
SECTION OR E: BROKATURE AND TYPED OR PROTED NAME OF SECTION DIRECTOR DAME OF DIRECTOR DAME OF DIRECTOR											