

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023954

FILED
Apr 28, 2009
Secretary of State

Entity Name: SUN KOOL COMMERCIAL DIVISION, INC.

Current Principal Place of Business:

530 NE 14 ST
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

PO BOX 3171
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-4316939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON II, FRANK
2414 SE 23 ST.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

NICHOLSON II, FRANK W
2414 SE 23 ST.
OCALA, FL 34471 US

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: FRANK W. NICHOLSON, II

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NICHOLSON II, FRANK
Address: PO BOX 3171
City-St-Zip: OCALA, FL 34478

Title: DST () Delete
Name: NICHOLSON, BERTIE
Address: PO BOX 3171
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NICHOLSON II, FRANK W
Address: PO BOX 3171
City-St-Zip: OCALA, FL 34478

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK W. NICHOLSON, II

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date