
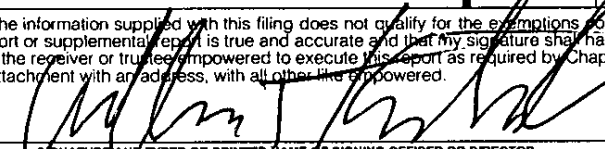


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90056 013 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P06000139946 1. Entity Name COOL SOLUTIONS OF CENTRAL FLORIDA, INC. | |  | |
| Principal Place of Business 2341 AINSWORTH AVENUE DELTONA, FL 32738 | | Mailing Address 2341 AINSWORTH AVENUE DELTONA, FL 32738 | |
| 2. Principal Place of Business - No P.O. Box # 636 S. Spring Garden Ave Suite, Apt. #, etc. A | | 3. Mailing Address 636 S. Spring Garden Ave Suite, Apt. #, etc. A | |
| City & State Deland FL | | City & State Deland FL | |
| Zip 32720 | | Zip 32720 | |
| Country USA | | Country USA | |
| 6. Name and Address of Current Registered Agent KELLEY, GOLDBERG, LEACH & COHN PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P,VP KIRKPATRICK, WILLIAM T 2341 AINSWORTH AVENUE DELTONA, FL 32738 <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 | S, T KIRKPATRICK, WILLIAM T 2341 AINSWORTH AVENUE DELTONA, FL 32738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing 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 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:  | | Date: 4/3/08 Daytime Phone #: 386789 4408 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |