

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 006 ***150.00

DOCUMENT # P07000059700

1. Entity Name
COOL FELLAS AIR CONDITIONING, INC.



Principal Place of Business
454 SE 14 STREET
DANIA BEACH, FL 33004 US

Mailing Address
454 SE 14 STREET
DANIA BEACH, FL 33004 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0271118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUSINS, RAYMOND
454 SE 14 STREET
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,T
NAME COUSINS, RAYMOND
STREET ADDRESS 454 SE 14 STREET
CITY-ST-ZIP DANIA BEACH, FL 33004 ☐ Delete

TITLE VP,S
NAME HAWK, JOSEPH
STREET ADDRESS 11424 NW 20 DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE D
NAME COUSINS, RAYMOND
STREET ADDRESS 454 SE 14 STREET
CITY-ST-ZIP DANIA BEACH, FL 33004 ☐ Delete

TITLE D
NAME HAWK, JOSEPH
STREET ADDRESS 11424 NW 20 DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Raymond Cousins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-08

Date

954-644-5221

Daytime Phone #