

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000050394

1. Entity Name
COLD REMEDY AIR CONDITIONING, INC.



Principal Place of Business
**633 NE HORIZON LANE
PORT SAINT LUCIE, FL 34983 US**

Mailing Address
**633 NE HORIZON LANE
PORT SAINT LUCIE, FL 34983 US**

FILED
Apr 20, 2005 08:00 AM
Secretary of State



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0496323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIANE VOLKART
633 NE HORIZON LANE
PORT SAINT LUCIE, FL 34983**

**DO NOT WRITE
IN THIS SPACE**

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 *Diane Volkart*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VOLKART, RICHARD D
633 NE HORIZON LANE
PORT ST. LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VOLKART, DIANE
633 NE HORIZON LANE
PORT ST. LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000318580
04/20/05-80065-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Volkart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 772-872-2754
Date Daytime Phone #