## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED **DOCUMENT # P94000050394** Apr 04, 2007 08:00 All Secretary of State COLD REMEDY AIR CONDITIONING, INC. Principal Place of Business Mailing Address **633 NE HORIZON LANE 633 NE HORIZON LANE** PORT SAINT LUCIE, FL 34983 Port Saint Lucie, Fl. 34983 US CR2E034 (11/05) 03042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0496323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIANE VOLKART DO NOT WRITE 633 NE HORIZON LANE PORT SAINT LUCIE, FL 34983 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOWIII FEE 18 \$150:00 or May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VOLKART, RICHARD D NÚME **633 NE HORIZON LANE** STREET ADDRESS COTY-ST-ZIP PORT ST. LUCIE, FL 34983 TITLE JJ00000689179 🖓 VOLKART, DIANE NAME 04/11/07-80018-006 150.00 STREET ADDRESS **633 NE HORIZON LANE** CITY-ST-ZIF PORT ST. LUCIE, FL 34983 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME - STREET ADDRESS CITY-ST-7IP

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 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.

CICNATIDE.

NAME
STREET ADDRESS
CITY-ST-ZIP