2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000050394

1. Entity Name
COLD REMEDY AIR CONDITIONING, INC.

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

DO NOT WRITE IN THIS SPACE.

03152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0496323	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

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

U0000003167
04/03/08-80081-001 150.00

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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: _DIANE VOLKART 3/15/08   772-878-2754_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #