

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 038 ***150.00

DOCUMENT # P96000073679

1. Entity Name
A COOL BREEZE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2543 E IRLO BRONSON HWY
KISSIMMEE, FL 34744**

Mailing Address
**2543 E IRLO BRONSON HWY
KISSIMMEE, FL 34744**

40009531



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3398901

Applied For

Not Applicable

Zip

-- Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIN, STEPHEN JR
15327 OLD CHISHOLM TREAL
EUSTIS, FL 32726**

Name

STEPHEN E CRAIN III

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

2573 DON JAY AVE

City

Kissimmee

FL

Zip Code

34741

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

Stephen E Crain

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

(NOTE: Registered Agent signature required when reinstating)

1-21-08

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CRAIN, STEPHEN JR**
STREET ADDRESS **2543 E IRLO BRONSON HWY**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **V P** ☐ Change ☒ Addition
NAME **CRAIN, STEPHEN E. III**
STREET ADDRESS **2543 E. IRLO BRONSON HWY**
CITY-ST-ZIP **Kissimmee, FLA 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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: *Stephen E Crain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

DATE

407-908-1943

DAYTIME PHONE #