




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90380 016 ***150.00

DOCUMENT # P97000032710 1. Entity Name YBOR DISTRICT COOLING, INC.					
Principal Place of Business 902 NORTH HIMES AVENUE TAMPA, FL 33602 US			Mailing Address 902 NORTH HIMES AVENUE TAMPA, FL 33602 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3442612	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHAM, FREDERICK 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALLISON, J. 702 NORTH FRANKLIN STREET TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Allison 902 North Himes Avenue Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GILLETTE, G. L. 702 NORTH FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Douglas Cohn 902 North Himes Avenue Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHRISTMAS, R. B. 702 NORTH FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANTRELL, W. N. 702 N FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHWARTZ, D. E. 702 N FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, R. P. 702 FRANKLIN ST TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD R. P. Garcia 902 North Himes Avenue Tampa, FL 33609
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: 			JAY ALLISON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-11-06 813-877-8251 <small>Date Daytime Phone #</small>		