

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000094421**

1. Entity Name  
**THE COOL TEAM, INC.**



Principal Place of Business  
**750 B ROAD  
LOXAHATCHEE, FL 33470-4270**

Mailing Address  
**750 B ROAD  
LOXAHATCHEE, FL 33470-4270**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0873835**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WESTBROOK, JONATHAN  
13676 85TH ROAD NORTH  
WEST PALM BEACH, FL 33412**

**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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WESTBROOK, JONATHAN
STREET ADDRESS	13676 85 RD N.
CITY-ST-ZIP	ROYAL PALM BCH, FL 33412
TITLE	VP
NAME	WESTBROOK, JOSEPH
STREET ADDRESS	158 BRYN MAWR DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	ST
NAME	WESTBROOK, LEE
STREET ADDRESS	750 B ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000486325  
04/13/06-80032-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/06**

Date

Daytime Phone # \_\_\_\_\_