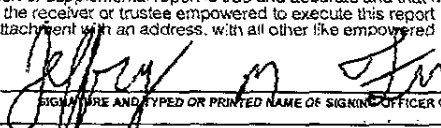


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000100693 1. Entity Name COOL DAY HEATING & AIR CONDITIONING, INC.		
Principal Place of Business 1041 GALGANO AVE. DELTONA, FL 32725	Mailing Address 1041 GALGANO AVE. DELTONA, FL 32725	
DO NOT WRITE IN THIS SPACE		
		01152006 No Chg-P CR2E034 (11/05)
		4. FCI Number 59-3562304
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FINN, JEFFREY M 1041 GALGANO AVE. DELTONA, FL 32725		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 the Applicant. (NOTE: Registered Agent signature required when changing) 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		DO NOT WRITE IN THIS SPACE 1000000392554 01/24/06-80086-011 150.00
TITLE NAME STREET ADDRESS CITY - ST ZIP	DPS FINN, JEFFREY 1041 GALGANO AVE. DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY - ST ZIP	VPT FINN, JEFFREY 1041 GALGANO AVE. DELTONA, FL 32725	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/16/06 Day/ Mo/ Year