

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100693

FILED
Feb 21, 2009
Secretary of State

Entity Name: COOL DAY HEATING & AIR CONDITIONING, INC.

Current Principal Place of Business:

1041 GALGANO AVE.
DELTONA, FL 32725

New Principal Place of Business:

109 N SPARKMAN AVE
ORANGE CITY, FL 32763

Current Mailing Address:

1041 GALGANO AVE.
DELTONA, FL 32725

New Mailing Address:

109 N SPARKMAN AVE
ORANGE CITY, FL 32763

FEI Number: 59-3562304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINN, JEFFREY M
1041 GALGANO AVE.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

FINN, JEFFREY M
109 N SPARKMAN AVE
ORANGE CITY, FL 32763 US

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.

SIGNATURE: JEFFREY FINN

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FINN, JEFFREY
Address: 109 N SPARKHAM
City-St-Zip: ORANGE CITY, FL 32763

Title: VPT (X) Delete
Name: FINN, JEFFREY
Address: 1041 GALGANO AVE.
City-St-Zip: DELTONA, FL 32725

Title: VPT (X) Delete
Name: JEFFREY, FINN
Address: 109 N SPARKMAN AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FINN, JEFFREY
Address: 109 N SPARKMAN
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY FINN

OWNE

02/21/2009

Electronic Signature of Signing Officer or Director

Date