

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037359

FILED
Apr 23, 2006
Secretary of State

Entity Name: CALVIN'S COOLING, CORP.

Current Principal Place of Business:

6250 N DOUBLE J ACRES ROAD
ALVA, FL 33920

New Principal Place of Business:

6250 N DOUBLE J ACRES ROAD
ALVA, FL 33920 US

Current Mailing Address:

6250 DOUBLE J ACRES ROAD
ALVA, FL 33920

New Mailing Address:

6250 N DOUBLE J ACRES ROAD
ALVA, FL 33920 US

FEI Number: 65-0914163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILLINGAME, CALVIN T
6250 DOUBLE J ACRES ROAD
ALVA, FL 33920 US

Name and Address of New Registered Agent:

FILLINGAME, CALVIN T
6250 N DOUBLE J ACRES ROAD
ALVA, FL 33920 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:

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FILLINGAME, CALVIN T
Address: 6250 DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: FILLINGAME, CHARLES J
Address: 6250 DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920

Title: ST () Delete
Name: FILLINGAME, ANGELA S
Address: 6250 DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FILLINGAME, CALVIN T
Address: 6250 N DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920 US

Title: VP (X) Change () Addition
Name: FILLINGAME, CHARLES J
Address: 6250 N DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920 US

Title: ST (X) Change () Addition
Name: FILLINGAME, ANGELA S
Address: 6250 N DOUBLE J ACRES ROAD
City-St-Zip: ALVA, FL 33920 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA S FILLINGAME

ST

04/23/2006

Electronic Signature of Signing Officer or Director

Date