2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070327

Title:

Name:

Address:

City-St-Zip:

FILED Jan 21, 2008 Secretary of State

Entity Name: FLORIDA COOL RING COMPANY						
Current Principal Place of Business:				New Principal Place of Business:		
1964 E EDGEWOOD DR LAKELAND, FL 33803						
Current Mailing Address:				New Mailing Address:		
P.O. BOX 2 LAKELAND	2456 D, FL 338062	456				
FEI Number:	59-3594168	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CHRITTON, CHARLES P 225 E LEMON ST SUITE 351 LAKELAND, FL 33806 US				PUTNAM, ABLE A 500 S FLORIDA AV SUITE 300 LAKELAND, FL 33801 US		
The above in the State		submits this statement for the p	urpose of	f changing its registere	d office or registered agent, or both,	
SIGNATURE: ABLE A. PUTNAM					01/21/2008	
	Electro	nic Signature of Registered Age	nt		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BUTLER, JOE	IDS BY THE LAKE WAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUTLER, JANE	IDS BY THE LAKE WAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUTLER, JOE	IDS BY THE LAKE WAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUTLER, JANE	IDS BY THE LAKE WAY		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JANE T. BUTLER VΡ 01/21/2008

() Delete

BUTLER, JASON

885 MERCER ST SE

ATLANTA, GA 30316

() Change () Addition