

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S34443

1. Entity Name
LET'S B COOL ENTERPRISES, INC.



Principal Place of Business
**1255 GULF STREAM AVE
SUITE 708
SARASOTA, FL 34236**

Mailing Address
**1255 GULF STREAM AVE
SUITE 708
SARASOTA, FL 34236**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0245336

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LETSCHERT, TITUS J M
1255 GULF STREAM AVE
SUITE 708
SARASOTA, FL 34236**

**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 file 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

**000000387154
01/19/06-80027-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOLIDGE, JEAN ELIZ.
STREET ADDRESS	1255 GULF STREAM AVE #708
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VST
NAME	LETSCHERT, TITUS J M
STREET ADDRESS	1255 GULF STREAM AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LETSCHERT, TITUS J M
STREET ADDRESS	1255 GULF STREAM AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

1/12/06