

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 120418

1. Entity Name
COLE CONSULTING, INC.



Principal Place of Business
8583 BARDMOOR PLACE
LARGO, FL 33777

Mailing Address
8583 BARDMOOR PLACE
LARGO, FL 33777



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0976251** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, COLE C.
8583 BARDMOOR PLACE
LARGO, FL 33777

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000588927
 01/17/07-80092-012 150.00

10. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **COLE, GARDNER C. JR.**
 STREET ADDRESS **8583 BARDMOOR PLACE**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **V**
 NAME **COLE, GARDNER C SR**
 STREET ADDRESS **8583 BARDMOOR PLACE**
 CITY-ST-ZIP **LARGO, FL 33777**

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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 EXPIRES ON _____ NAME OF SIGNING OFFICER OR DIRECTOR

1/14/07 7273850771

Date

Daytime Phone #