

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90432 018 \*\*\*150.00

**DOCUMENT # 371756**

1. Entity Name  
**COLE CONSTRUCTION, INC.**



Principal Place of Business  
**10700 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32221**

Mailing Address  
**10700 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32221**

2. Principal Place of Business  
**10842 Old Gainesville Rd**

3. Mailing Address  
**10842 Old Gainesville Rd**



04282005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**59-1367484**

Applied For  
Not Applicable

Zip Country  
**32221-1910 USA**

Zip Country  
**32221-1910 USA**

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

**6. Name and Address of Current Registered Agent**

**MARTIN SACK, JR. A  
2064 PARK STREET  
JACKSONVILLE, FL 32204**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PTD ☐ Delete  
NAME COLE, DAVID E.  
STREET ADDRESS 10700 NORMANDY BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD ☐ Delete  
NAME JANE E. AQUINO  
STREET ADDRESS 10700 NORMANDY BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD ☐ Delete  
NAME THURSBY, WYNELLE  
STREET ADDRESS 4061 APPALOOSA RD  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10842 Old Gainesville Road  
CITY-ST-ZIP Jacksonville, FL 32221-1910

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10842 Old Gainesville Road  
CITY-ST-ZIP Jacksonville, FL 32221-1910

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*David E. Cole*

David E. Cole, President

4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #