2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G23899 1. Entity Name COUGLE CONSTRUCTION COMPANY



Apr 19, 2004 8:00 am Secretary of State

FILED

04-19-2004 90276 010 ***150.00

Principal Place of Business

2336-TOMOKA FARMS ROAD C/O BLAKE COUGLE PORT ORANGE, FL 32128 Mailing Address

2336 TOMOKA FARMS ROAD C/O BLAKE COUGLE PORT ORANGE, FL 32128

94054391



DO NOT WRITE IN THIS SPACE

03242004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2324374

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUGLE, BLAKE A. 2336 TOMOKA FARMS ROAD PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

				e i Propositione La companya de la companya della companya de la companya della		ender besonder in Oak Sykologie
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.						
SIGNATUŔĒ.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
. 10.	OFFICERS AND DIREC	TORS	17.50 S. 6	enter a migra igras, general proposition tradition regards tradition to the beautiful tra-		4 . Z
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT COUGLE, BLAKE 2336 TOMOKA FARMS ROAD BAYTONA BEACH, FL 32128 Po	RT ORAUGE				
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TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME		•				

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADORESS CITY ST ZIP

MATTINE AND TYPE OF PRINTED NAME OF STANDA OFFICER OF INDECTO

COUGLE

3-24-2004

386-255-2254

Daytime Phone #