

## 2005 FOR PROFIT CORPORATION \_\_\_\_ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # G23899**

1. Entity Name

Principal Place of Business

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

COUGLE CONSTRUCTION COMPANY



Mailing Address

2336 TOMOKA FARMS ROAD C/O BLAKE COUGLE

PORT ORANGE, FL 32128

**FILED** Jan 14, 2005 08:00 AM **Secretary of State** 



No Chg-P CR2E034 (10/03) 01072005

59-2324374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

4. FEI Number

Fee Required

Applied For

5. Name and Address of Current Registered Agent

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

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

|  |   |      |                                |              | was spingle to a second |  |
|--|---|------|--------------------------------|--------------|--|--|
| 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  |   |      |                                |              |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.   |   |      | \$5.00 May Be<br>Added to Fees |              |  |  |
| 10.  | OFFICERS AND DIREC  | TORS | _                              |              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PVT<br>COUGLE, BLAKE<br>2336 TOMOKA FARMS ROAD<br>PORT ORANGE, FL 32128 |      |                                |              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                |              | U00000180586<br>U1/14/05-60011-018 150.00  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                | DO NOT WRITE |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                | IN '         | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                |              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |      |                                |              |  |  |
| 12. I hereby certify that the information supplied with this fitting 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 comporation 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. |   |      |                                |              |  |  |