## ,2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 23, 2006 08:00 AM Secretary of State **DOCUMENT # G23899** 1. Entity Name COUGLE CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2336 TOMOKA FARMS ROAD C/O BLAKE COUGLE 2336 TOMOKA FARMS ROAD C/O BLAKE COUGLE PORT ORANGE FL 32128 PORT ORANGE FL 32128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-2324374 Not Applicable Zip Zio Country Country 88.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COUGLE, BLAKE A. Street Address (P.O. Box Number is Not Acceptable) 2336 TOMOKA FARMS ROAD PORT ORANGE FL 32128 City 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 roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME COUGLE, BLAKE NAME U00000395509 01/26/06-80053-019 150.00 STREET ADDRESS 2336 TOMOKA FARMS ROAD STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32128 CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP TITLE Delete Change ☐ Additi-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY ST-ZIP TITLE TITLE Delete ☐ Change Adultio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1-18-06 386-255-2254 Date Daylino Prone #