

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90117 030 ***150.00

DOCUMENT # P02000126754			
1. Entity Name COLE'S CRUST, INC.			
Principal Place of Business 4200 SE COVE LAKE CIR STUART, FL 34997		Mailing Address 4200 SE COVE LAKE CIR STUART, FL 34997	
2. Principal Place of Business 1986 SE FEDERAL HWY SUITE, Apt. 8, etc.		3. Mailing Address SAME	
City & State STUART, FL		City & State SAME	
Zip 34994		Zip MARTIN	
4. Name and Address of Current Registered Agent COLE, ERIC 4200 SE COVE LAKE CIR STUART, FL 34997		5. Certificate of Status Desired <input type="checkbox"/> 6. F.D. Number Fee Requested	
Name		7. Name and Address of Next Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		City	
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			
<p>FILE NUMBER FEB 10 0400.00 Due by September 8, 2004</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be added to Fees</p>	
<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>			
10. DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
<p>12. I hereby declare that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplementary document 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 appointed to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, which shall be the same as the information.</p>			
SIGNATURE:		Date: 9-2-04 772-286-3343	

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11-10-04 11:10 AM