


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000033879**

1. Entity Name  
**C. M. COLE & ASSOCIATES, INC.**



Principal Place of Business <b>4676 MAI KAI LANE          BONITA SPRINGS, FL 34134 US</b>	Mailing Address <b>4676 MAI KAI LANE          BONITA SPRINGS, FL 34134 US</b>
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**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0581085</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLE, CHARLES M  
 4676 MAI KAI LANE  
 BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000642011  
 03/01/07-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, CHARLES M 4676 MAL KAI LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, MARY J 4676 MAL KAI LANE BONITA SPRINGS, FL 34134
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Charles M Cole, Charles M Cole - Pres* Feb 13, 2007 239-992-7226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #