2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90019 028 ***150.00

DOCUMENT # L53818

1. Entity Name
COLE'S STARTERS AND ALTERNATORS, INC.

Principal Place of Business	Mailing Address
C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG, FL 33708	C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG, FL 33708

DO NOT WRITE IN THIS SPACE

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2994080
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, RONALD R
9540 47TH AVENUE NORTH
ST. PETERSBURG, FL 33708

ATTENTION: RONALD COLE IS DECIESED.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLE, DONALD R
STREET ADDRESS	9540 47TH AVENUE NO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	ST
NAME	COLE, BETTY
STREET ADDRESS	5000 49TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Donald R. Cole DONALD R. COLE 3-15-8 727 391-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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1. Entity Name

COLE'S STARTERS AND ALTERNATORS, INC.

Principal Place of Business	Mailing Address
C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708	C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2994080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, RONALD R 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708	Name: DONALD COLE Street Address (P.O. Box Number is Not Acceptable): 9540 47th Ave North City: St Petersburg FL Zip Code: 33708

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: Donald R. Cole — 4-29-08

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLE, DONALD R		NAME		
STREET ADDRESS	9540 47TH AVENUE NO.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLE, BETTY		NAME		
STREET ADDRESS	5000 49TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE: ______________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #