


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # 371756
1. Entity Name
COLE CONSTRUCTION, INC.



Principal Place of Business
**10700 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221**

Mailing Address
**10700 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221**



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1367484

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARTIN SACK, JR. A
2064 PARK STREET
JACKSONVILLE, FL 32204**

**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, 2004 Fee will be \$550.00**

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

000000098374
03/29/04-80038-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD COLE, DAVID E. 10700 NORMANDY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JANE E. AQUINO 10700 NORMANDY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THURSBY, WYNELLE 4061 APPALOOSA RD MIDDLEBURG, FL 32068
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 exemption stated in Section 119.07(3)(f), 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: David E. Cole **DAVID E. COLE, PRESIDENT** 3/25/04 904-614-9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #