


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90020 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 478660</b>                           |  |
| 1. Entity Name<br><b>COLE BUSINESS GROUP, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><del>2233 S.W. 5 PL</del><br><b>CAPE CORAL FL 33991</b><br><b>US</b> | Mailing Address<br><del>2233 S.W. 5 PL</del><br><b>CAPE CORAL FL 33991</b><br><b>US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>4504 S.W. 19 PL.</b> | 3. Mailing Address<br><b>4504 S.W. 19 PL.</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |

|   |                                      |
|---|--------------------------------------|
| City & State<br><b>Cape Coral, FL 33914</b> | City & State<br><b>CAPE CORAL FL</b> |
| Zip<br><b>33914</b>                         | Zip<br><b>33914</b>                  |
| Country<br><b>Lee</b>                       | Country<br><b>Lee</b>                |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1594630</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>COLE, GARY L.</b><br><del><b>2233 S.W. 5 PL</b></del><br><del><b>CAPE CORAL FL 33991</b></del><br><b>4504 S.W. 19 PL</b><br><b>CAPE CORAL FL</b><br><b>33914</b> |  |
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|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>Some</b> <b>FL</b> Zip Code |  |
|---|--|

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|---|---------------------|
| 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 <b>GARY-L-COLE (President) Gary Cole</b>  | DATE <b>2/17/04</b> |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |
|---|
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>COLE, GARY L.</b><br><del><b>2233 S.W. 5 PL</b></del> <b>4504 S.W. 19 PL</b><br><del><b>CAPE CORAL FL 33991</b></del> <b>CAPE CORAL FL 33914</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|   |   |
|---|---|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>GARY COLE</b>   | DATE: <b>Feb 17-04</b> DAYTIME PHONE #: <b>239-945-7788</b> |