

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 478660 1. Entity Name COLE BUSINESS GROUP, INC.	
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Principal Place of Business 6651 HIGHLANDS CREEK BLVD. LAKELAND FL 33813 US	Mailing Address P.O. BOX 5049 LAKELAND FL 33807 US
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2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>	3. Mailing Address Suite, Apt. #, etc. <i>Same</i>
City & State <i>Polk</i>	City & State <i>Polk</i>
Zip <i>Polk</i>	Country <i>Polk</i>

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1594630** Applied For ☐ Not Applied ☐

6. Name and Address of Current Registered Agent

**COLE, GARY L.
6651 HIGHLANDS CREEK BLVD.
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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 *Gary Cole* DATE **4/7/06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete COLE, GARY L. 6651 HIGHLANDS CREEK BLVD. LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000499285 04/24/06-80024-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Cole* DATE: **4/7/06**

Signature, typed or printed name of signing officer or director