


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000611</b>	
1. Entity Name <b>STRUBLE &amp; COTNEY INVESTMENTS, INC.</b>	

Principal Place of Business <b>356 CROMWELL CT NAPLES, FL 34108 US</b>	Mailing Address <b>356 CROMWELL CT NAPLES, FL 34108 US</b>
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**DO NOT WRITE IN THIS SPACE**



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>62-1806201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STRUBLE, WARD S 356 CROMWELL CT NAPLES, FL 34108</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000285302 04/02/05-80040-008 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPT STRUBLE, WARD S 356 CROMWELL COURT NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCV COTNEY, BRYAN T 2080 BELL ROAD MONTGOMERY, AL 36117	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S STRUBLE, CATHERINE 356 CROMWELL CT NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOWDER, ROBERT 2080 BELL RD MONTGOMERY, AL 36117	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOWDER, CHARLOTTE 2080 BELL RD MONTGOMERY, AL 36117	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		

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, and all other like empowered.		
SIGNATURE: <u>Ward Struble</u>	<u>WARD STRUBLE</u>	3/30/05 (239) 269-5098
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		