

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004020

FILED
Apr 25, 2007
Secretary of State

Entity Name: COLE CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

11780 MCCOLL ROAD, SUITE 100
LAURINBURG, NC 28352

New Principal Place of Business:

Current Mailing Address:

11780 MCCOLL ROAD, SUITE 100
LAURINBURG, NC 28352

New Mailing Address:

FEI Number: 20-4890053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: COLE, PE, C. SCOTT
Address: 11780 MCCOLL ROAD, SUITE 100
City-St-Zip: LAURINBURG, NC 28352

Title: VCVP () Delete
Name: COLE, STEPHEN W
Address: 408 BUNDY LANE
City-St-Zip: LAURINBURG, NC 28352

Title: D () Delete
Name: COLE, STEPHEN W
Address: 408 BUNDY LANE
City-St-Zip: LAURINBURG, NC 28352

Title: S () Delete
Name: COLE, DEREK M
Address: 14821 BLUE WOODS RD
City-St-Zip: LAURINBURG, NC 28352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. SCOTT COLE, PE

CDP

04/25/2007

Electronic Signature of Signing Officer or Director

Date