2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006197

1. Entity Name
BRAD COLE CONSTRUCTION COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
2250 LOVVORN ROAD CARROLLTON, GA 30117-6610	2250 LOVVORN ROAD CARROLLTON, GA 30117-6610

03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1379831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

R&A AGENTS, INC.
C/O KELLY B. PLANTE - 225 SOUTH ADAMS ST
#250
TALLAHASSEE, FL 32301

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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 _____ 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLE, BRAD K
STREET ADDRESS	2250 LOVVORN ROAD
CITY-ST-ZIP	CARROLLTON, GA 301176610
TITLE	V
NAME	SCOGGINS, ERNIE
STREET ADDRESS	2250 LOVVORN ROAD
CITY-ST-ZIP	CARROLLTON, GA 301176610
TITLE	ST
NAME	COLE, MELISSA M
STREET ADDRESS	2250 LOVVORN ROAD
CITY-ST-ZIP	CARROLLTON, GA 301176610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80084-014 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/16/07 770-834-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #