

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F81539**

1. Entity Name  
S.W. COLE, INC.



Principal Place of Business  
242 HOWELL AVENUE  
BROOKSVILLE, FL 34601

Mailing Address  
242 HOWELL AVENUE  
BROOKSVILLE, FL 34601



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2186941

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COLE, JERRY E  
13044 BRIDLE PATH  
BROOKSVILLE, FL 34614

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

100000581661  
01/10/07-80096-019 150.00

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
COLE, JERRY E.  
13044 BRIDLE PATH  
BROOKSVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
COLE, SUE  
13044 BRIDLE PATH  
BROOKSVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LANNING, WENDY C.  
24033 FREDERICK DR  
BROOKSVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LANNING, DAVID  
24033 FREDERICK DR  
BROOKSVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07  
Date

352-796-7872  
Daytime Phone #