

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90010 033 \*\*\*150.00

**DOCUMENT # H31534**  
 1. Entity Name  
**COLE INDUSTRIES, INC.**

Principal Place of Business      Mailing Address  
**3230 N "S" STREET**      **P.O. BOX 12652**  
**PENSACOLA, FL 32505 US**      **PENSACOLA, FL 32591-2652 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



4. FEI Number  
**59-2474605**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLEY, DANIEL F**  
**3230 N STREET**  
**PENSACOLA, FL 32505**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTSD	COLEY, LINDA J	3471 SYCAMORE LANE	GULF BREEZE, FL	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	COLEY, DANIEL F	3471 SYCAMORE LANE	GULF BREEZE, FL 32561	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	SILVER, ALAN R	1900 E CERVANTES STREER	PENSACOLA, FL 32501-355	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Linda Coley      DATE: 1/15/04      DAYTIME PHONE: (850) 433-8100