

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 026 ***150.00

DOCUMENT# H79569

1. Entity Name
COLDING REAL ESTATE, INC.



Principal Place of Business
**% WADE M. COLDING
718 NORTH 15TH STREET
IMMOKALEE, FL 34142 US**

Mailing Address
**% WADE M. COLDING
718 NORTH 15TH STREET
IMMOKALEE, FL 34142 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2588242

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**COLDING, WADE M.
718 NORTH 15TH STREET
IMMOKALEE, FL 34142**

**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 *Wade M. Colding*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-4-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
COLDING, WADE M.
718 N 15TH ST
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**XS
COLDING-MAYS, SUSAN L
718 N 15TH ST.
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
Donna Sage
718 N 15TH ST.
Immokalee, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna J. Sage*

3-4-05 239-657-4444