

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2588242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	COLDING, WADE M.
STREET ADDRESS	718 N 15TH ST
CITY-ST-ZIP	IMMOKALEE, FL 34142

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

TITLE	VS
NAME	SAGE, DONNA
STREET ADDRESS	718 N. 15TH ST
CITY-ST-ZIP	IMMOKALEE, FL 34142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000790515  
01/23/08-80035-023 150.00

**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: *Wade M. Colding*