

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90019 028 \*\*\*150.00

**DOCUMENT # L53818**

1. Entity Name

COLE'S STARTERS AND ALTERNATORS, INC.



Principal Place of Business

C/O DONALD R. COLE  
9540 47TH AVENUE NORTH  
ST. PETERSBURG, FL 33708

Mailing Address

C/O DONALD R. COLE  
9540 47TH AVENUE NORTH  
ST. PETERSBURG, FL 33708



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2994080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLE, RONALD R  
9540 47TH AVENUE NORTH  
ST. PETERSBURG, FL 33708

*ATTENTION:  
RONALD COLE  
IS DECEASED.*

**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)

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 P  
NAME COLE, DONALD R  
STREET ADDRESS 9540 47TH AVENUE NO.  
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ST  
NAME COLE, BETTY  
STREET ADDRESS 5000 49TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Donald R. Cole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DONALD R. COLE 3-15-8*  
Date

*727 391-2733*  
Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # L53818</b> 1. Entity Name <b>COLE'S STARTERS AND ALTERNATORS, INC.</b>					
Principal Place of Business <b>C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708</b>			Mailing Address <b>C/O DONALD R. COLE 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2994080</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent  <b>COLE, RONALD R 9540 47TH AVENUE NORTH ST. PETERSBURG FL 33708</b>			7. Name and Address of New Registered Agent Name <b>DONALD COLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9540 47th Ave North</b> City <b>St Petersburg</b> FL Zip Code <b>33708</b>		
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 <u>Donald R. Cole</u> DATE <b>4-29-08</b> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agents sign; name required when submitting.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLE, DONALD R 9540 47TH AVENUE NO. ST. PETERSBURG FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COLE, BETTY 5000 49TH AVENUE NORTH ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					