

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 050 ***150.00

DOCUMENT # L82536

1. Entity Name

COLE ELECTRIC, INC.



Principal Place of Business

C/O J. LEE COLE
3520 INVESTMENT LANE, #6
RIVIERA BEACH FL 33404

Mailing Address

C/O J. LEE COLE
3520 INVESTMENT LANE, #6
RIVIERA BEACH FL 33404

2. Principal Place of Business

3520 Investment Ln

3. Mailing Address

3520 Investment Ln

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

6. Name and Address of Current Registered Agent

COLE, PHILLIP H
3520 INVESTMENT LANE, #6
RIVIERA BEACH FL 33404

4. FEI Number

65-0216594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COLE, PHILLIP**
STREET ADDRESS **8287 KELSO DR.**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE **VP** ☐ Delete
NAME **PHILLIP T. COLE**
STREET ADDRESS **15781 79TH TERRACE NORTH**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **S** ☐ Delete
NAME **MARK L. COLE**
STREET ADDRESS **2542 MANIKI DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

PHILLIP H. COLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

561-842-8441

Date

Daytime Phone #