2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000133513** 1. Entity Name 04-26-2004 91002 029 ***150.00 COLEE PROPERTIES, INC. Principal Place of Business Mailing Address 3308 CEDAR GLEN WAY 3308 CEDAR GLEN WAY ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number 13-422934 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLEE, STERLING D Street Address (P.O. Box Number is Not Acceptable) 3308 CEDA-GLEN WAY 3308 CEDAR ST.AUGUSTINE FL 32086 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10% ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition COLEE, LOUIS A JR. NAME NAME 531 KINGS ESTATE ROAD STREET ADDRESS. STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-7IP CITY-ST-7IP VΡ 350 TITLE ☐ Delete Change ☐ Addition COLEE STERLING D NAME NAME 3308 CEDAR GLEN WAY STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 33086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY - ST- ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 analysis with all other like empowered.

STERLING D. COLET

SIGNATURE:

FILED