2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2006 08:00 AM DOCUMENT # P03000122340 **Secretary of State** 1. Entity Name COLEY CONSTRUCTION, INC. Principal Place of Business Mailing Address 4525 SE BRIDGETOWN CT STUART FL 34997 4525 SE BRIDGETOWN CT STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 90-0136687 Not Applicat Zip Country Zιρ 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 Name LEVENSTEIN, RICHARD H ESQ Street Address (P.O. Box Number is Not Acceptable) KRAMER SEWELL SOPKO & LEVENSTEIN, P.A. 4525 SE BRIDGETOWN CT STUART FL 34997 Zìp Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and line it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May E 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete DRE NAME THOMMES, DEAN MAANE STREET ADDRESS 4525 SE BRIDGETOWN CT STREET ADDRESS 000000450964 CUTY-ST-ZIP STUART FL 34997 CHTY-ST-ZIP 03/10/06-80026-017-450-00-TITLE ☐ Delete TITLE NAME MAASE STREET ADDRESS STREET ADDRESS CITY-ST-28 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Add® MAME MAME STREET LADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete □ Change □ All\*\* TITLE MAME STREET ADDRESS STREET ADDRESS C07Y-ST-202 CITY-ST-ZIP □ \* ..... 3133 F ☐ Defete TIDE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ \* · · · · NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 directly 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 1 if changed, or on an attachment with appears, with all other like empowered.

DEAN THOMMES

SIGNATURE:

**FILED** 

263-3673

2-22-06