

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005012

FILED
Feb 24, 2006
Secretary of State

Entity Name: ROBERT J. COTE, INC.

Current Principal Place of Business:

598 WYNONA DRIVE
GENEVA, FL 32732

New Principal Place of Business:

598 WINONA DRIVE
GENEVA, FL 32732

Current Mailing Address:

P.O. BOX 927
GENEVA, FL 32732

New Mailing Address:

FEI Number: 20-0577993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTE, ROBERT J
598 WYNONA DRIVE
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

COTE, ROBERT J
598 WINONA DRIVE
GENEVA, FL 32732 US

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.

SIGNATURE: ROBERT J. COTE

02/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COTE, ROBERT J
Address: P.O. BOX 927
City-St-Zip: GENEVA, FL 32732

Title: VP (X) Delete
Name: COTE, ROLAND B
Address: P.O. BOX 1122
City-St-Zip: GENEVA, FL 32732

Title: T (X) Delete
Name: COTE, ROBERT J
Address: P.O. BOX 927
City-St-Zip: GENEVA, FL 32732

Title: S (X) Delete
Name: COTE, ROLAND B
Address: P.O. BOX 1122
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COTE, ROBERT J
Address: P.O. BOX 927
City-St-Zip: GENEVA, FL 32732

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J COTE

PST

02/24/2006

Electronic Signature of Signing Officer or Director

Date