2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098694

Entity Name: COLES LEGAL DOCUMENT PREPARATION SERVICES, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1281 MONTOYA DRIVE DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

P.O. BOX 391714 1281 MONTOYA DRIVE DELTONA, FL 32729 DELTONA, FL 32728

FEI Number: 20-1493537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLES, JOHN C 1281 MONTOYA DRIVE DELTONA, FL 32738 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 COLES, JOHN C
 Name:
 COLES, JOHN C

 Address:
 P.O. BOX 391714
 Address:
 1281 MONTOYA DRIVE

City-St-Zip: DELTONA, FL 32739 City-St-Zip: DELTONA, FL 32738

Title: VΡ Title: VΡ () Delete (X) Change () Addition COLES, ROBIN L Name: Name: COLES, ROBIN L P.O. BOX 391714 1281 MONTOYA DRIVE Address: Address: DELTONA, FL 32739 DELTONA, FL 32738 City-St-Zip: City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 COLES, JOHN C
 Name:
 COLES, JOHN C

 Address:
 P.O. BOX 391714
 Address:
 1281 MONTOYA DRIVE

 City-St-Zip:
 DELTONA, FL 32729
 City-St-Zip:
 DELTONA, FL 32728

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 COLES, ROBIN L
 Name:
 COLES, ROBIN L

 Address:
 P.O. BOX 391714
 Address:
 1281 MONTOYA DRIVE

 City-St-Zip:
 DELTONA, FL 32739
 City-St-Zip:
 DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN C. COLES P 04/27/2005