

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052426

FILED
Jul 06, 2007
Secretary of State

Entity Name: JOE COLE & ASSOCIATES, INC.

Current Principal Place of Business:

10746 MOSHIE LANE
SAN ANTONIO, FL 33576

New Principal Place of Business:

Current Mailing Address:

10746 MOSHIE LANE
SAN ANTONIO, FL 33576

New Mailing Address:

FEI Number: 91-2190429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, JOE G
10746 MOSHIE LANE
SAN ANTONIO, FL 33576 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLE, JOE G
Address: 10746 MOSHIE LANE
City-St-Zip: SAN ANTONIO, FL 33576

Title: D () Delete
Name: COLE, LORA G
Address: 10746 MOSHIE LANE
City-St-Zip: SAN ANTONIO, FL 33576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LORA G COLE

D

07/06/2007

Electronic Signature of Signing Officer or Director

_____ Date