2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000007249

1. Entity Name COLÉ CUSTOM CONSTRUCTION, INC.



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90298 018 ***150.00

Principal Place of Business 15951 S SHAMROCK DR FORT MYERS, FL 33912				Mailing Address 15951 S SHAMROCK DR FORT MYERS, FL 33912									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02222006	Chg-	Р	CR2E0	34 (11/05)	
City & State				City & State				4. FEI Numb				→	oplied For
Zip	Country			Zip Country				5. Certificate	of Status D)esired		\$8.75 Add Fee Require	litional d
6. Name and Address of Current Regi				tered Agent			•	7. Name and	i Address o	of New R	tegistered /	Agent	
COLE, FRANK R 15951 S SHAMROCK DR FORT MYERS, FL 33912						Name Street Address (P.O. Box Number is Not Acceptable)							
						City					FL	Zip Cod	e
the obligat	tions of regis	y submits this statement tered agent.	for the p	purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the St	ate of Flo	orida. I am	familiar with,	and accept
SIGNATURE_	Signature, typeo	or printed name of registered age	ent and tile	if applicable. (NOT	E: Registeré	ed Agent signatu	re required	when reinstating)			DATE		
After May 1, 2006 Fee will be \$550.00				9. Election Campa Trust Fund Cont			\$5 . Add	.00 May Be ed to Fees					
10.	OFFICERS AND DI							ADDITIONS	/CHANGES	TO OFF	ICERS AND	DIRECTOR	
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13 I boroby	cortifu that th	e information supplied w	ith thic	filing done not qualify to	or the ev	amptions of	ontaino	l in Chanter 11	9 Florida S	tabilee	Liturther cor	tifu that the i	nformation

Interest certify that the information supplied with rins filing does not qualify for the exemptions contained 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 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 attendment with an address, with all other like impowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

259-565-7887