2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AM Secretary of State DOCUMENT # P96000007249 COLÉ CUSTOM CONSTRUCTION, INC. Principal Place of Business Mailing Address 15951 S SHAMROCK DR 15951 S SHAMROCK DR FORT MYERS, FL 33912 FORT MYERS, FL 33912 01152008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0635694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COLE, FRANK R 15951 S SHAMROCK DR IN THIS SPACE FORT MYERS, FL 33912 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NDTE: Recistored Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE COLE, FRANK R NAME STREET ADDRESS 15951 S SHAMROCK DRIVE 02/01/08-80057-005 150.00 FORT MYERS, FL 33912 City-St-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS Cify-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME STREET ADDRESS CITY+ST+ZIP

1/23/08

259-565-7887

FILED