## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000071025

Entity Name: COLEE PLACE, INC.

MOSS, BOB L

912 E BROWARD BLVD #A

FORT LAUDERDALE, FL 33301

Name:

Address: City-St-Zip: FILED Apr 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 912 E BROWARD BLVD FT LAUDERDALE, FL 333012067 US **New Mailing Address: Current Mailing Address:** 912 E BROWARD BLVD FORT LAUDERDALE, FL 333012067 US FEI Number: 65-0724077 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: SMOKER, EDWARD J 912 E BROWARD BLVD #A FORT LAUDERDALE, FL 33301 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: ( ) Delete Title: () Change () Addition SMOKER, EDWARD J Name: Name: 912 E BROWARD BLVD #A Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: SD Title: () Change () Addition () Delete Name: LUCE, BURT Name: 912 E BROWARD BLVD #A Address: Address: FORT LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip: Title: Title: VTD ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD J. SMOKER PD 04/17/2008