2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 16, 2005 08:00 AM DOCUMENT # P98000015401 1. Entity Name **Secretary of State** GLORIA B. COLES, INC. Principal Place of Business Mailing Address 13202 DORCHESTER DRIVE 13202 DORCHESTER DRIVE SEMINOLE FL 33776 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3494735 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRODEL, WILLIAM H PA Street Address (P.O. Box Number is Not Acceptable) 4437 CENTRAL AVE SAINT PETERSBURG FL 33713 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Change ☐ Addition ☐ Delete Itler COLES, GLORIA B NAME 13202 DORCHESTER DRIVE STREET ADDRESS STREET ADDRESS CITY ST-ZIP SEMINOLE FL 33776 CITY-ST 71P TITLE ☐ Delete 11106 ☐ Change ☐ Addition U00000231427 NAME NAME 02/16/05-80030-010 150.00 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CUTY - ST - 789 TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED