

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000021018

1. Entity Name  
COLE ENTERPRISES OF PLANT CITY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 PM 5:48

Principal Place of Business  
209 SOUTH ALEXANDER STREET  
PLANT CITY, FL 33563

Mailing Address  
209 SOUTH ALEXANDER STREET  
PLANT CITY, FL 33563

2. Principal Place of Business  
2907 N. Demontmollin Road  
Suite, Apt. #, etc.

3. Mailing Address  
2907 N. Demontmollin Road  
Suite, Apt. #, etc.

City & State  
Plant City, Florida

City & State  
Plant City, Florida

Zip  
33565

Country  
USA

Zip  
33565

Country  
USA

10262006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3499345

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPERRY, BRUCE J  
1003 SOUTH ALEXANDER STREET  
SUITE I  
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CRUICKSHANK, MICHAEL  
2907 NORTH DEMONTMOLLIN ROAD  
PLANT CITY, FL 33565 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CRUICKSHANK, TERI  
2907 DEMONTMOLLIN ROAD  
PLANT CITY, FL 33565 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400081375034  
10/31/06--01038--015 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE:

*Teri Cruickshank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Teri Cruickshank, Secretary

10/27/06

Date

(813) 716-4393

Deviner Phone #