2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 05-10-2004 90468 013 ***150.00 DOCUMENT # P98000023294 1. Entity Name R. J. COLE, INC. Principal Place of Business Mailing Address 6287 BAHIA DEL MAR CIRCLE 6287 BAHIA DEL MAR CIRCLE BLDG P UNIT 908 **BLDG P UNIT 908** ST. PETERSBURG, FL 33715 ST. PETERSBURG, FL 33715 No Chg-P 05022004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3499525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLE, RICHARD J DO NOT WRITE 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 908 ST. PETERSBURG, FL 33715 IN THIS SPACE 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 foligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10.5 OFFICERS AND DIRECTORS TITLE 2 COLE, RICHARD J 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 908 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33715 COLE, JANE NAME STREET ADDRESS 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 908 CITY-ST-ZIP ST. PETERSBURG, FL 33715 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Richard Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 2004 8:00 am