


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90223 003 ***150.00

DOCUMENT # P98000104121	
1. Entity Name R C COLE CONSTRUCTION, INC.	

Principal Place of Business 680 WEST INDUSTRIAL AVENUE #4 BOYNTON BEACH, FL 33426	Mailing Address P O BOX 244254 BOYNTON BEACH, FL 33424-4254 US
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30020040



2. Principal Place of Business 906 SW 27 WAY Suite, Apt. #, etc.	3. Mailing Address 906 SW 27 WAY Suite, Apt. #, etc.
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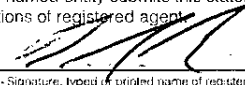
02182005 Chg-P CR2E034 (10/03)

City & State BOYNTON BCH FL	City & State BOYNTON BCH FL
Zip 33435	Zip 33435
Country USA	Country USA

4. FEI Number 74-2901651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOHE, MARK D 680 WEST INDUSTRIAL AVENUE #4 BOYNTON BEACH, FL 33426	7. Name and Address of New Registered Agent Name ROBERT C. COLE Street Address (P.O. Box Number is Not Acceptable) 906 SW 27 WAY City BOYNTON BCH FL Zip Code 33435
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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.

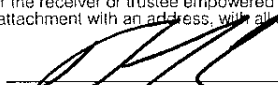
SIGNATURE  ROBERT C. COLE - PRESIDENT - 2-18-05

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLE, ROBERT C 2709 SW B STREET BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 906 SW 27 WAY BOYNTON BCH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YOHE, MARK D P O BOX 244254 BOYNTON BEACH, FL 334244254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ROBERT C. COLE - PRESIDENT - 2-18-05 (561) 523-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #