

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # S16539

1. Entity Name
COLE EQUITY, INC.



Principal Place of Business
**2756 CENTRAL AVE
SAINT PETERSBURG, FL 33712**

Mailing Address
**2756 CENTRAL AVE
SAINT PETERSBURG, FL 33712**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3038086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLE, G. C., JR.
317 7TH STREET S
2756 CENTRAL AVE
SAINT PETERSBURG, FL 33712**

**DO NOT WRITE
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 obligations 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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000587680
01/17/07-80041-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COLE, G. C.
STREET ADDRESS	8583 BARDMOOR PLACE
CITY-ST-ZIP	LARGO, FL 33777
TITLE	P
NAME	COLE, G. C., JR.
STREET ADDRESS	2756 CENTRAL AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, and am 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF REGISTERING OFFICER OR DIRECTOR

1/11/07 727 345 7771
Date Daytime Phone #