

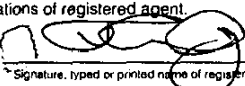
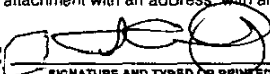


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 012 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1120 Pinellas Bayway		3. Mailing Address Same as 2		 02122008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Unit # 214		Suite, Apt. #, etc. 11			
City & State St. Petersburg, FL		City & State 11			
Zip 33715		Zip 11			
Country U.S.		Country U.S.		4. FEI Number 59-3038086	
5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name COLE, GARDNER C., JR. Street Address (P.O. Box Number is Not Acceptable) 1120 PINELLAS BAYWAY UNIT # 214 City St. Petersburg FL Zip Code 33715		
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:  DATE: 2/12/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, G. C. 8583 BARDMOOR PLACE LARGO, FL 33777	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, G. C., JR. 2756 CENTRAL AVE SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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:  DATE: 2/12/08 DAYTIME PHONE #: 727-458-4955		