## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 09, 2008 08:00 A Secretary of State **DOCUMENT # S57118** V-COLE ENTERPRISES, INC. Principal Place of Business Mailing Address 116 GATLIN AVENUE 116 GATLIN AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 US US No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3068510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent JOHNSON, WADE F JR DO NOT WRITE 118 E JEFFERSON ST ORLANDO, FL 32801 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) <del>838777869 U0000U</del> 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. 01/10/08-80026-001 158.75 Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME COLE, BRYAN N STREET ADDRESS 4396 CAROLWOOD ST CITY-ST-ZIP ORLANDO, FL 32812 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

CITY-ST-ZIP TITLE

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-851-0060