

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000158279

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** JAMES COLEMAN PLUMBING, INC.

**Current Principal Place of Business:**

325 E ANN ST  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

325 E ANN ST  
PUNTA GORDA, FL 33950

**New Mailing Address:**

PO BOX 510216  
PUNTA GORDA, FL 33951 US

**FEI Number:** 20-0564395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLEMAN, JAMES A  
325 E ANN ST  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JAMES A. COLEMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** COLEMAN, JAMES A  
**Address:** 325 E. ANN ST.  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

**Title:** S  
**Name:** COLEMAN, MARY C  
**Address:** 325 E. ANN ST.  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

**Title:** SH  
**Name:** COLEMAN, EUGENE  
**Address:** 325 E. ANN ST.  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES A. COLEMAN

O

02/01/2011

Electronic Signature of Signing Officer or Director

Date