2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 08:00 AN Secretary of State **DOCUMENT # P05000018703** 1. Entity Name BRIAN P. COFFEY, P.A. Principal Place of Business Mailing Address 17320 SE CONCH BAR AVE. 17320 SE CONCH BAR AVE. TEQUESTA, FL 33469 TEQUESTA, FL 33469 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2395152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COFFEY, BRIAN P DO NOT WRITE 17320 SE CONCH BAR AVE. TEQUESTA, FL 33469 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: Regulated Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PVD COFFEY, BRIAN P NALE STREET ADDRESS 17320 SE CONCH BAR AVE. CITY-ST-ZIP . TEQUESTA, FL 33469 TITLE ST U00000849340 COFFEY, JANET L NAME 03/21/08-80016-020 150.00 STREET ADDRESS 17320 SE CONCH BAR AVE. CITY-ST-ZIP TEQUESTA, FL 33469 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-74P TITL F IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE

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 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: 9

NAME STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS

CONTROL OF SULLY Jane + L Coffey 3/1/08 5/61-242-92

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