


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90230 022 ***150.00

DOCUMENT # 227560
 1. Entity Name
DOUGLASS, COFFIN & CO.



Principal Place of Business
 7901 SW 6CT
 STE 150 A
 PLANTATION, FL 33324 US

Mailing Address
 7901 SW 6CT
 STE 150 A
 PLANTATION, FL 33324 US

40084500

2. Principal Place of Business
 S 8211 W. Broward Blvd.
 C PH 2
 ZI Plantation, FL 33324

3.
 8211 W. Broward Blvd.
 PH 2
 Plantation, FL 33324



03272006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-0907817

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GARDNER, PETER C
 7901 SW 6CT #150
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Ac 8211 W. Broward Blvd.
 PH 2
 Plantation, FL 33324
 City Code

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 *Peter C. Gardner* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, P C 7901 SW 6CT #150 PLANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FITZGERALD, LUCETTE L. 7901 SW 6CT STE 150 A PANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, FRANK C 7901 SW 6CT #150 PLANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation. FL 33324	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter C. Gardner* 4-20-06 954 7279335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #