

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 248760 1. Entity Name COYLE -GEORGE P- AND SONS INC	
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Principal Place of Business 2361 DENNIS ST. P O BOX 2267 JACKSONVILLE, FL 32203	Mailing Address 2361 DENNIS ST. P O BOX 2267 JACKSONVILLE, FL 32203
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0933119	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COYLE, JOHN GARRETT
2361 DENNIS STREET
JACKSONVILLE, FL 32204**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	000000415857 02/11/06-80106-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COYLE, JOHN GARRETT 3882 BRAMPTON 1S CT N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COYLE, VINCENT 4874 EMPIRE AVENUE JACKSONVILLE, FL
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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:  **John Garrett Coyle** **1-25-06** **904-356-4821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #