


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 248760</b> 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**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0933119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COYLE, JOHN GARRETT 2361 DENNIS STREET JACKSONVILLE, FL 32204
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000581223 01/10/07-80079-007 150.00
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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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IN THIS SPACE**

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** 1-5-07 904-356-4821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #