


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 306453</b> 1. Entity Name COKER FUEL INC	
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Principal Place of Business 3515 US HWY 27 S SEBRING, FL 33870 US	Mailing Address 3515 US HWY 27 S SEBRING, FL 33870 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1142859	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  MELENDY, JERRY H., JR. 3515 US HWY 27 S. SEBRING, FL 33870
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELENDY, JERRY H., SR. P.O. BOX 817 N/A WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MELENDY, JERRY H., JR. P.O. BOX 817 N/A WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MELENDY, KATHRYN P.O. BOX 817 N/A WAUCHULA, FL
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<p>000000552235 05/15/06-80003-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **4/26/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #