


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 358922 1. Entity Name COGGIN AUTOMOTIVE CORP.	
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Principal Place of Business P.O. BOX 16469 JACKSONVILLE, FL 32245 US	Mailing Address P.O. BOX 16469 JACKSONVILLE, FL 32245 US
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1285803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COGGIN, LUTHER W. 4306 PABLO OAKS COURT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARLETTE, LINDA 4306 PABLO OAKS COURT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMM, CHARLIE 4306 PABLO OAKS COURT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOBLE, NANCY D 4306 PABLO OAKS COURT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/11/07-80037-019 150.00

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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: Linda Marlette Linda Marlette 3-28-07 904-992-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #