## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 400965**

Entity Name: COFFMAN, INC.

FILED Mar 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2000 ART MUSEUM DR.,#5 6190 ST. ANDREWS CT.

JACKSONVILLE, FL 32247 PONTE VEDRA BEACH, FL 32082

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 47000 6190 ST. ANDREWS CT.

JACKSONVILLE, FL 322477000 PONTE VEDRA BEACH, FL 32082

FEI Number: 59-1398222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALL, JOHN S ONE INDEPENDENT DRIVE **SUITE 2600** JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete Title: PDST (X) Change ( ) Addition

COFFMAN, CARL D. Name: Name: COFFMAN, CARL D, 2000 ART MUSEUM DR.,#5 6190 ST. ANDREWS CT. Address: Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL D. COFFMAN **PDST** 03/01/2005