

GOODLETTE COLEMAN

Fax: 239-435-1218

Jul 14 2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Sep 12, 2005 8:00 am
Secretary of State**

07-19-2005 90039 005 ***150.00

09-12-2005 90002 049 ***400.00

00000332

DOCUMENT # 409264

1. Entity Name

BUD COLEMAN ASSOCIATES, INC



Principal Place of Business

4060 NORTH TAMiami TRAIL NORTH
STE 1
NAPLES, FL 34103 US

Mailing Address

4060 NORTH TAMiami TRAIL NORTH
STE 1
NAPLES, FL 34103 US

07142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1440864Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

COLEMAN, JAMES G.
333 CUDDY COURT
NAPLES, FL 34103**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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature is required when resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLEMAN JAMES G. 333 CUDDY CT. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLEMAN, RAMONA 333 CUDDY CT. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/05

(239) 261-1713



ATTACHMENT

50066352

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 22, 2005

BUD COLEMAN ASSOCIATES, INC
4060 NORTH TAMiami TRAIL NORTH
STE 1
NAPLES, FL 34103 US

Subject: **BUD COLEMAN ASSOCIATES, INC**

Reference Number: **409264**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION