


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90005 036 \*\*\*150.00

<b>DOCUMENT # 542474</b> 1. Entity Name CHARLES COLEMAN, INC.	
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Principal Place of Business 140 E MICHIGAN AVE ORANGE CITY, FL 32763 US	Mailing Address 140 E. MICHIGAN ORANGE CITY, FL 32763 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1762658	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

COLEMAN, CHARLES R  
140 E. MICHIGAN AVE  
ORANGE CITY, FL 32763

**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: *Charles Coleman* DATE: *1-5-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	P COLEMAN, CHARLES R 2657 PALM TERRACE GLENWOOD, FL <i>DeLand, FL 32720</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Charles Coleman Charles Coleman* DATE: *1-5-05*

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

*1-356-774-2556*