

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 007 ***150.00

DOCUMENT # 618147

1. Entity Name
COFFEE VENTURE CORPORATION



Principal Place of Business
**813 LAKE AVE
LAKE WORTH, FL 33460 US**

Mailing Address
**813 LAKE AVE
LAKE WORTH, FL 33460 US**

4002000



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1902950

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHALKER, FREDERICK
813 LAKE AVE
LAKE WORTH, FL 33460**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHALKER, FREDERICK
STREET ADDRESS	137 TURNBERRY DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33462
TITLE	ST
NAME	CHALKER, MARY
STREET ADDRESS	137 TURNBERRY DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33462
TITLE	VP
NAME	PACE, MICHELLE C
STREET ADDRESS	129 TURNBERRY DRIVE
CITY - ST - ZIP	ATLANTIS, FL 33462
TITLE	VP
NAME	CHALKER, BRIAN
STREET ADDRESS	1975 RICHARD LANE
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #