


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90007 042 ***150.00

DOCUMENT # 647836	
1. Entity Name ROBERT M. COLEMAN, JR., P.A.	

Principal Place of Business 1400 A NORTH 15 TH ST SUITE #1 IMMOKALEE, FL 34142 US	Mailing Address 1400 A NORTH 15TH ST SUITE #1 IMMOKALEE, FL 34142 US
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2. Principal Place of Business - No P.O. Box # 813 CR 830	3. Mailing Address PO Box 694
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Felda FL	City & State Felda FL
Zip 33930	Zip 33930
Country US	Country US

40055200



02212008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1958151		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COLEMAN, ROBERT M JR 1400 A NORTH 15TH ST SUITE #1 IMMOKALEE, FL 34142		
7. Name and Address of New Registered Agent Name Coleman, Robert M Jr Street Address (P.O. Box Number is Not Acceptable) 813 CR 830 City Felda FL Zip Code 33930		

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, ROBERT M JR P.O. BOX 694 N/A FELDA, FL 33930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert M Coleman Jr* **2/21/08** **239 657 3804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #