


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90034 005 \*\*\*150.00

<b>DOCUMENT # F27900</b> 1. Entity Name COFFMAN CONSTRUCTION, INC.	
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Principal Place of Business 1397 22ND STREET N. ST. PETERSBURG, FL 33713	Mailing Address 1397 22ND STREET N. ST. PETERSBURG, FL 33713
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01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2094564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GAYLE COFFMAN 1397 22ND STREET N. ST. PETERSBURG, FL 33713
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DT COFFMAN, GAYLE 341-6TH AVE. N. TIERRA VERDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COFFMAN, W DONALD, JR 341-6TH AVE. N. TIERRA VERDE, FL
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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 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:  **W. DONALD COFFMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**727-327-3031**  
Daytime Phone #