

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2008 90009 001 \*\*\*150.00

**DOCUMENT # F96000004243**

1. Entity Name  
**COALESCENT TECHNOLOGIES CORPORATION**



Principal Place of Business  
**422 WEST FAIRBANKS AVE.  
WINTER PARK, FL 32789-5079 US**

Mailing Address  
**422 WEST FAIRBANKS AVE.  
WINTER PARK, FL 32789-5079 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3395628**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GODBER, ROBIN C  
731 N GARLAND AVENUE  
ORLANDO, FL 32801-1002**

Name

**ROSEMARY E IBACH**

Street Address (P.O. Box Number is Not Acceptable)

**422 WEST FAIRBANKS AVE.**

City

**WINTER PARK**

**FL**

Zip Code

**32789**

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

*Rosemary E. Ibach*

*2/26/2008*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PDS  
WHITMORE, KENNETH N  
731 N GARLAND AVENUE  
ORLANDO, FL 328011002**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO  
422 WEST FAIRBANKS AVE.  
WINTER PARK, FL 32789-5079**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
GODBER, ROBIN  
731 N GARLAND AVENUE  
ORLANDO, FL 328011002**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT  
MARGARET E GRAYSON  
422 WEST FAIRBANKS AVENUE  
WINTER PARK, FL 32789-5079**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
FINLEY, DANIEL  
731 N GARLAND AVENUE  
ORLANDO, FL 328011002**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**COO  
RICHARD PEPE  
422 WEST FAIRBANKS AVENUE  
WINTER PARK, FL 32789-5079**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
WAYNE CLINE  
422 WEST FAIRBANKS AVENUE  
WINTER PARK, FL 32789-5079**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**WINTER PARK, FL 32789-5079  
DIR CORPORATE COMMUNICATIONS  
PATRICIA ANDREW  
422 WEST FAIRBANKS AVENUE**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**WINTER PARK, FL 32789-5079**

☐ Change ☐ Addition

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

*Margaret E. Grayson*

*Margaret E Grayson 3/11/08*

Date

Daytime Phone #

*407-691-7956*