

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # G70093

1. Entity Name
HORACE G. COFER ASSOCIATES, INC.



Principal Place of Business
**634 LOWER TURTLE CRK RD
KERRVILLE, TX 78028 US**

Mailing Address
**4216 TAMARACK DRIVE
P O BOX 151
MURRYSVILLE, PA 15668**



05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2340849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COFER, H G
426 SW 2 STR
GAINESVILLE, FL 32601**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **COFER, HORACE G**
STREET ADDRESS **1900 LOWER TURTLE CREEK RD**
CITY-ST-ZIP **KERRVILLE, TX 78028**

TITLE **V**
NAME **COFER, CAMERON G**
STREET ADDRESS **7150AFFIRMED CT.**
CITY-ST-ZIP **GAHANNA, OH**

TITLE **V**
NAME **COFER, DARREN D.**
STREET ADDRESS **16017 TEMPLE LANE**
CITY-ST-ZIP **MINNETONKA, MN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000763908
05/30/07-80034-015 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07
Date

830 792 0767
Daytime Phone #