

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 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**



05072008 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
428 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 \$350.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000951020
06/04/08-80015-002 550.00

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

**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

4-30-08

Date

830 792 0767

Daytime Phone #