

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70093

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HORACE G. COFER ASSOCIATES, INC.

## Current Principal Place of Business:

634 LOWER TURTLE CRK RD  
KERRVILLE, TX 78028 US

## New Principal Place of Business:

## Current Mailing Address:

4216 TAMARACK DRIVE  
P O BOX 151  
MURRYSVILLE, PA 15668

## New Mailing Address:

FEI Number: 59-2340849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COFER, HORACE G  
Address: 1900 LOWER TURTLE CREEK RD  
City-St-Zip: KERRVILLE, TX 78028

Title: V ( ) Delete  
Name: COFER, CAMERON G  
Address: 7150AFFIRMED CT.  
City-St-Zip: GAHANNA, OH

Title: V ( ) Delete  
Name: COFER, DARREN D.  
Address: 16017 TEMPLE LANE  
City-St-Zip: MINNETONKA, MN

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COFER, HORACE G  
Address: 634 LOWER TURTLE CREEK RD  
City-St-Zip: KERRVILLE, TX 78028

Title: V (X) Change ( ) Addition  
Name: COFER, CAMERON G  
Address: 715 AFFIRMED CT.  
City-St-Zip: GAHANNA, OH 43230

Title: V (X) Change ( ) Addition  
Name: COFER, DARREN D.  
Address: 16017 TEMPLE LANE  
City-St-Zip: MINNETONKA, MN 55345

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HORACE G. COFER

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date