


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J72830</b>	
1. Entity Name <b>COLEMAN HIGH PERFORMANCE MARINE, INC.</b>	

Principal Place of Business 13700 58TH ST NO STE 201 CLEARWATER, FL 33760 US	Mailing Address 13700 58TH ST NO STE 201 CLEARWATER, FL 33760 US
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**DO NOT WRITE IN THIS SPACE**



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2845955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>COLEMAN, KELLY R</b> <b>13700 58TH ST N STE 201</b> <b>CLEARWATER, FL 33760</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 rechartering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COLEMAN, KELLY R. 1370 58TH ST N STE 201 CLEARWATER, FL
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08/20/04-80003-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

<b>SIGNATURE:</b> 	<b>8-16-04</b>	<b>727 539 8863</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #