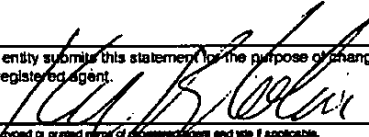
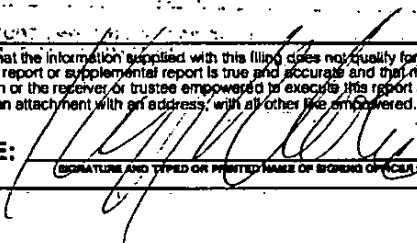


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3 Apr 19, 2005 8:00 am
Secretary of State**

03-22-2005 90008 004 ***150.00

DOCUMENT # J72830		
1. Entity Name COLEMAN HIGH PERFORMANCE MARINE, INC.		
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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLEMAN, KELLY R 13700 58TH ST N STE 201 CLEARWATER, FL 33760		
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:  DATE: 3-15-05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PST	
NAME	COLEMAN, KELLY R.	
STREET ADDRESS	1370 58TH ST N STE 201	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	
NAME	COLEMAN, KELLY R.	
STREET ADDRESS	13700 58TH ST N STE 201	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2845955	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**