

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81684

FILED
Apr 27, 2009
Secretary of State

Entity Name: COLEMAN AND COLEMAN, P.A.

Current Principal Place of Business:

2300 MCGREGOR BLVD.
FT. MYERS, FL 33901

New Principal Place of Business:

2080 MCGREGOR BLVD.
SUITE 202
FT. MYERS, FL 33901

Current Mailing Address:

P O BOX 2089
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-2818888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ROBERT J.
2300 MCGREGOR BLVD.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

COLEMAN, ROBERT J.
2080 MCGREGOR BLVD.
SUITE 202
FT. MYERS, FL 33901 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, JOHN CHARLES
Address: 1705 MARLYN RD.
City-St-Zip: FT. MYERS, FL

Title: STD () Delete
Name: COLEMAN, ROBERT J.
Address: 1481 ARGYLE DR
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. COLEMAN

STD

04/27/2009

Electronic Signature of Signing Officer or Director

Date