


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 001 ***150.00

DOCUMENT # J83977 1. Entity Name COKE'S STATIONERS, INC.			
Principal Place of Business * 131 N SECOND ST 216 FT. PIERCE FL 34950 US		Mailing Address 131 N SECOND ST 216 FT. PIERCE FL 34950 US	
2. Principal Place of Business <i>129 N. Second St.</i>		3. Mailing Address <i>129 N Second St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>FT. Pierce FL</i>		City & State <i>FT Pierce FL</i>	
Zip <i>34950</i>	Country <i>US</i>	Zip <i>34950</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent COKE, CHRISTINE 1110 GRANADA ST FT. PIERCE FL 34949		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CHRISTINE COKE 1110 GRANDA ST FORT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <i>4/11/06</i> <i>772-461-2525</i> </div> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>	