2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J98266

1. Entity Name
JUDY COLEMAN, P.A.

Principal Place of Business	Mailing Address
1931 OHIO STREET, NE PALM BAY, FL 32907 US	1931 OHIO STREET, N.E PALM BAY, FL 32907 US

DO NOT WRITE IN THIS SPACE

04122008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2870976		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JUDY
1931 OHIO STREET, NE
PALM BAY, FL 32907

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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 _____

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	COLEMAN, JUDY	
STREET ADDRESS	1931 OHIO STREET, NE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Judy Coleman_   4-12-08   321-723 2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #