

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # K02484

1. Entity Name
ALLCOAT, INC.



Principal Place of Business
1501 C 6TH AVENUE
IMMOKALEE, FL 34142 US

Mailing Address
1501 C 6TH AVENUE
IMMOKALEE, FL 34142 US



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0514692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, JIM HOWARD
1501 C. 6TH AVENUE
IMMOKALEE, FL 33939

**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 _____

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

U000000817314
02/14/08-80088-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOODY JR., JIM HOWARD
STREET ADDRESS	780 TRAFFORD OAKS
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	D
NAME	GONZALEZ, LUPE
STREET ADDRESS	7450 HUNTERS POINT
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	D
NAME	MOODY, JIM H.
STREET ADDRESS	555B 15TH ST
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

Date

239-657-4456

Daytime Phone #