


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 012 ***150.00

DOCUMENT # K91617
1. Entity Name
COLEMAN CONNECTION REALTY, INC.



Principal Place of Business Mailing Address
**1509 RICKENBACKER
SUN CITY CENTER FL 33573
US** **1509 RICKENBACKER
SUN CITY CENTER FL 33573
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
80-6964040 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**PARKER, BEVERLY K
1501 DEL WEBB BV W
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent
Name: *None*
Street Address (P.O. Box Number is Not Acceptable): *5239 Brighton Shore Dr*
Apollo Beach
City: *FL* Zip Code: *33572*

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: *Beverly K Parker* DATE: *1/21/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, GERTRUDE M.	
STREET ADDRESS	2006 CHICORY LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DPVT	<input type="checkbox"/> Delete
NAME	PARKER, BEVERLY K.	
STREET ADDRESS	307 PEBBLE BEACH S	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Beverly K Parker* DATE: *1/21/04* DAYTIME PHONE #: *(813) 633-2030*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY K PARKER