


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000010984</b> 1. Entity Name <b>COATES FOLIAGE FARM, INC.</b>	
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Principal Place of Business <b>40324 HWY 439 UMATILLA, FL 32784</b>	Mailing Address <b>40324 HWY 439 UMATILLA, FL 32784</b>
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05062004 - No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3666500</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COATES, THOMAS C 40324 HWY 439 UMATILLA, FL 32784</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, THOMAS C 40324 HWY 439 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, DONNA M 40324 HWY 439 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, MORELAND L 5407 ALBERT DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARS, JANE C 84 ROSE ST. UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000159302 05/10/04-80024-014 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Thomas C. Coates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/6/04* *352-669-2909*  
Date Daytime Phone #