

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117581	
1. Entity Name COLEMAN COMPUTER SERVICES, INC.	

Principal Place of Business 1648 TAYLOR ROAD SUITE 423 DAYTONA BEACH, FL 32124	Mailing Address 1648 TAYLOR ROAD SUITE 423 DAYTONA BEACH, FL 32124
--	--

DO NOT WRITE IN THIS SPACE



05082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3699440	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent COLEMAN, STEVEN B 1648 TAYLOR RD SUITE 423 DAYTONA BEACH, FL 32128	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 _____

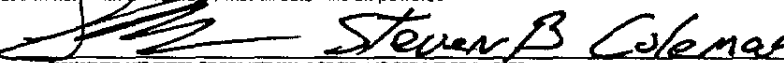
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLEMAN, STEVEN B 1648 TAYLOR ROAD SUITE 423 DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000160812
05/18/04-80004-015 150.00

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: 	Date: 4/30/04	Daytime Phone: 386-334 2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		