

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00492

FILED
Apr 14, 2008
Secretary of State

Entity Name: COFFMAN ASSOCIATES, INC.

Current Principal Place of Business:

237 N.W. BLUE PARKWAY
SUITE 100
LEE'S SUMMIT, MD 64063 US

New Principal Place of Business:

Current Mailing Address:

237 N.W. BLUE PARKWAY
SUITE 100
LEE'S SUMMIT, MD 64063 US

New Mailing Address:

FEI Number: 43-1201450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYES, WILLIAM A. JR.
1534 HENDRY ST.
FT. MYERS, FL 339020790 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COFFMAN, JEANETTE V.,
Address: 600 N.W. EDGEWOOD DR
City-St-Zip: LEE'S SUMMIT, MO 64081

Title: S () Delete
Name: COFFMAN, STEPHEN D.,
Address: 600 N.W. EDGEWOOD DR
City-St-Zip: LEE'S SUMMIT, MO 64081

Title: VP () Delete
Name: BENSON, STEVEN G
Address: 4080 SW CAMELOT DR
City-St-Zip: LEES SUMMIT, MO 64082

Title: VP () Delete
Name: DMYTERKO, MIKE W
Address: 4918 BROCKWAY CIRCLE
City-St-Zip: SHAWNEE, KS 66226

Title: VP () Delete
Name: FITZ, DAVID W
Address: 13283 FAIRWAY
City-St-Zip: LEEWOOD, KS 66209

Title: VP () Delete
Name: HARRIS, JAMES M
Address: 14227 N 57TH WAY
City-St-Zip: SCOTTSDALE, AZ 85254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN G. BENSON

VP

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date