


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State


DOCUMENT # P01000006160

1. Entity Name
COLEMAN MARINE, INC.



Principal Place of Business 3036 B. HARBOR DRIVE ST. AUGUSTINE, FL 32084	Mailing Address 3036 B. HARBOR DRIVE ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691514	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

**COLEMAN, WILFRID W
 3036 B. HARBOR DRIVE
 ST. AUGUSTINE, FL 32084**

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLEMAN, WILFRID W 3036 B. HARBOR DR. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, CAROLYN A 3036 B. HARBOR DR. SAINT AUGUSTINE, FL 32084
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 04/24/08-80056-016 150.00

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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: Carolyn A. Coleman X 4/9/08 904/624-8880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #