2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009846

1. Entity Name
THE COY GROUP, INC.

Principal Place of Business	Mailing Address
13107 GAILLARD PLACE RIVERVIEW, FL 33569	13107 GAILLARD PLACE RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

03112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3693677	Not Applicable

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

6. Name and Address of Current Registered Agent

WAKEMAN, WILLIAM H III
306 E MAIN ST STE 200
LAKELAND, FL 33801

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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**
After May 1, 2004 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.	OFFICERS AND DIRECTORS	U00000093858 03/22/04-80036-003 150.00

TITLE	DP
NAME	CURRIE, STEPHEN J
STREET ADDRESS	13107 GAILLARD PLACE
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	VD
NAME	JUNGE, ALBERT
STREET ADDRESS	26 CARDINAL LN
CITY-ST-ZIP	HAUPPAUG, NY 11788

TITLE	TD
NAME	DAVEY, CHRISTIE
STREET ADDRESS	229 OLD BRIDGE LN
CITY-ST-ZIP	DANBURY, CT 06811

TITLE	SD
NAME	WAKEMAN, WILLIAM H III
STREET ADDRESS	1208 LAKE DEESON WOODS LN
CITY-ST-ZIP	LAKELAND, FL 33805

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X_Christie D Davey TREAS_   3/17/04   203-546-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #