2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000009846

1. Entity Name
THE COY GROUP, INC.

Principal Place of Business
13107 GAILLARD PLACE
RIVERVIEW, FL 33569

Mailing Address
13107 GAILLARD PLACE
RIVERVIEW, FL 33569

04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693677

Applied For
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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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	

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04/13/05-80059-005 150.00

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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)(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: 3-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #