

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065067

FILED
Jan 27, 2005
Secretary of State

Entity Name: JAMES AL COKER, GENERAL CONTRACTOR, INC.

Current Principal Place of Business:

221 FERNADINA STREET
FORT PIERCE, FL 34949

New Principal Place of Business:

7912 PLANTATION LAKES DRIVE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

221 FERNADINA STREET
FORT PIERCE, FL 34949

New Mailing Address:

7912 PLANTATION LAKES DRIVE
PORT ST. LUCIE, FL 34986

FEI Number: 65-1136750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF GEORGE M. EVANS, P.A.
2100 PONCE DE LEON BLVD., SUITE 1040
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF GEORGE M. EVANS, P.A.
800 DOUGLAS ROAD
SUITE 101
CORAL GABLES, FL 33134 US

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:

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: COKER, JAMES AL
Address: 221 FERNADINA STREET
City-St-Zip: FORT PIERCE, FL 34949

Title: VPD () Delete
Name: COKER, JAMES AL
Address: 221 FERNADINA STREET
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: COKER, JAMES AL
Address: 7912 PLANTATION LAKES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES AL COKER

PTS

01/27/2005

Electronic Signature of Signing Officer or Director

Date