


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 001 ***150.00


DOCUMENT # P02000045959	
1. Entity Name CODER INC.	

Principal Place of Business 3031 PLACIDA ROAD SUITE #9 ENGLEWOOD, FL 34224	Mailing Address PO BOX 5227 ENGLEWOOD, FL 34224
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2. Principal Place of Business 3031 Placida, Rd.	3. Mailing Address PO Box 5227
Suite, Apt. #, etc. Suite #9	Suite, Apt. #, etc.

City & State Englewood, FL.	City & State Englewood, FL.
Zip 34224	Country Charlotte
Zip 34224	Country Charlotte

40055100



02102006 Chg-P CR2E034 (11/05)

4. FEI Number 74-3041874		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SHAFFER, DAVID 251 WESCOWLES ST UNIT B ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

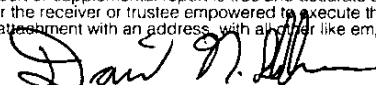
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFER, DAVID PO BOX 5227 ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  **David N. Shaffer**
Pres. Coder Inc.

Date **4/15/06** Daytime Phone # **941-468-5575**