

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000072540

1. Entity Name

FEDERAL COIN & BULLION INC.



Principal Place of Business

3959 VAN DYKE ROAD #235
LUTZ FL 33558

Mailing Address

3959 VAN DYKE ROAD #235
LUTZ FL 33558

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TCHOR, LANCE
3959 VAN DYKE ROAD #235
LUTZ FL 33558

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TCHOR, LANCE
STREET ADDRESS 3959 VAN DYKE ROAD #235
CITY-ST-ZIP LUTZ FL 33558

TITLE TSD ☐ Delete
NAME TCHOR, DENISE
STREET ADDRESS 3959 VAN DYKE ROAD #235
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000552048
CITY-ST-ZIP 05/13/06-80123-012 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Denise Tchor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2006

Date

Daytime Phone #

813 908-3721

FILED
May 01, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

4. FEI Number 75-3077480

Applied For
Not Applicable

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