

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083144

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: THE COFFEE TRADING COMPANY, INC.

## Current Principal Place of Business:

2682 SALAMANCA  
NAVARRE, FL 32566

## New Principal Place of Business:

## Current Mailing Address:

6845 HWY. 90 E.  
SUITE 105, PMB 260  
DAPHNE, AL 36526

## New Mailing Address:

FEI Number: 30-0259642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPENCER, JEFF  
2682 SALAMANCA  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPENCER, JEFF  
Address: 2682 SALAMANCA  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: SPENCER, LORI  
Address: 2682 SALAMANCA  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JEFF SPENCER

D

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date