2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000100013

1. Entity Name

COFFEY REAL ESTATE SERVICES CORP.



Principal Place of Business

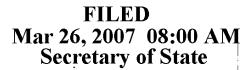
NAPLES, FL 34112 US

Mailing Address

4280 TAMIAMI TRAIL E. #302 4280 TAMIAMI TRAIL E.

#302

NAPLES, FL 34112 US





DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tribe	fapplicable (NOTE: Registered	Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAF, WILLIAM E 52 MASON RD. FAIRPORT, NY 14450				U00000678394 04/02/07-80031-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFEY, ROBERT T 287 ALBI RD., #3 NAPLES, FL 34112				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COFFEY, JEAN A 287 ALBI RD., #3 NAPLES, FL 34112		DO		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
TITLE NAME					

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 all other like empowered.

SIGNATURE:

CITY-ST-ZiP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFIC

239-775-3 //5 Daylime Phone #