

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90026 026 ***150.00

DOCUMENT # P03000105712

1. Entity Name

COYLE FLOOR AND STAIR, INC.



Principal Place of Business

912 WEST EAU GALLIE BOULEVARD
MELBOURNE FL 32935

Mailing Address

912 WEST EAU GALLIE BOULEVARD
MELBOURNE FL 32935

2. Principal Place of Business - No P.O. Box #

912 W. EAU GALLIE BLVD

3. Mailing Address

Same

City & State

Melbourne FL

City & State

Zip

Country

32935

Country

Brevard

Country

4. FEI Number

38-3690378

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COYLE, KELVIN M
2507 PEPPER AVE
MELBOURNE FL 32935

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 Kelvin M. Coyle KELVIN M COYLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 P ☐ Delete
NAME COYLE, JAMES W
STREET ADDRESS 912 WEST EAU GALLE BLVD
CITY- ST- ZIP MELBOURNE FL 32935

TITLE VP ☐ Delete
NAME COYLE, KELVIN M
STREET ADDRESS 912 WEST EAU GALLIE BLVD
CITY- ST- ZIP MELBOURNE FL 32935

TITLE SEC ☐ Delete
NAME COYLE, KERRY D
STREET ADDRESS 912 W. EAU GALLIE BLVD
CITY- ST- ZIP MELBOURNE FL 32935

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
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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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: Kelvin M. Coyle KELVIN M COYLE 4/30/07 321259-0260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *