

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**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

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Melbourne Fl

City & State

Melbourne Fl

4. FEI Number

38-3690378

Applied For

Not Applicable

Zip

32935

Country

Brevard

Zip

Country

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*

(NOTE: Registered Agent signature required when re-registering)

1/30/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	COYLE, JAMES W	
STREET ADDRESS	912 WEST EAU GALLE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COYLE, KELVIN M	
STREET ADDRESS	912 WEST EAU GALLIE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	COYLE, KERRY D	
STREET ADDRESS	912 W. EAU GALLIE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0000000213330	
STREET ADDRESS	02/12/08-80085-013 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 1/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0.00

Daytime Phone #