

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 046 \*\*\*150.00

DOCUMENT # P03000131699 1. Entity Name COLEMAN FAMILY ADVENTURES, INC.	
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Principal Place of Business 2300 MCGREGOR BLVD FT MYERS, FL 33901	Mailing Address 2300 MCGREGOR BLVD FT MYERS, FL 33901
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50009955



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0408009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  COLEMAN, JOHN C 2300 MCGREGOR BLVD FT MYERS, FL 33901	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEMAN, ROBERT J 2300 MCGREGOR BLVD FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLEMAN, JOHN C 2300 MCGREGOR BLVD FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIPESON, MARY C 2300 MCGREGOR BLVD FT MYERS, FL 33901 <i>no longer involved in corporation</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLEMAN, WILLIAM D 2300 MCGREGOR BLVD FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLEMAN, CARL J 2300 MCGREGOR BLVD FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>John C. Coleman</u> DIST 1/27/05 339 332 5317	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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