

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90009 014 ***150.00

DOCUMENT # P03000133068

1. Entity Name

WILLIAM E. COLEMAN BUILDING CONTRACTOR, INC.



Principal Place of Business

**6303 N.W. 77TH ST.
GAINESVILLE FL 32653-2912**

Mailing Address

**6303 N.W. 77TH ST.
GAINESVILLE FL 32653-2912**

2. Principal Place of Business
Correct

3. Mailing Address
Correct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country **USA**

Zip

Country **USA**

4. FEI Number

54-2131236

Applied For

Not Applicable

5. Certificate of Status Desired **NA** ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, WILLIAM E
6303 N.W. 77TH ST.
GAINESVILLE FL 32653-2912**

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 *William E. Coleman*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM E. COLEMAN, PRESIDENT

MAR. 23, 2004

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **NA** ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COLEMAN, WILLIAM E**
STREET ADDRESS **6303 N.W. 77TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32653-2912**

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

TITLE **ST** ☐ Delete
NAME **COLEMAN, PAULINE H**
STREET ADDRESS **6303 N.W. 77TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32653-2912**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 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: *William E. Coleman* **WILLIAM E. COLEMAN, PRESIDENT** 03/23/04 (352)372-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #