


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
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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



MOORE CR2E034 (11/03)

4. FEI Number 54-2131236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> NA <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 *William E. Coleman* **WILLIAM E. COLEMAN, PRESIDENT** **MAR. 23, 2004**

Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE P	<input type="checkbox"/> Delete
NAME COLEMAN, WILLIAM E	
STREET ADDRESS 6303 N.W. 77TH ST.	
CITY-ST-ZIP GAINESVILLE FL 32653-2912	
TITLE ST	<input type="checkbox"/> Delete
NAME COLEMAN, PAULINE H	
STREET ADDRESS 6303 N.W. 77TH ST.	
CITY-ST-ZIP GAINESVILLE FL 32653-2912	
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	
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 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 #