


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04142006 Chg-P CR2E034 (11/05)

4. FEI Number
 54-2131236

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For Not Applicable

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

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, WILLIAM E 6303 N.W. 77TH ST. GAINESVILLE, FL 326532912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000523984 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/03/06-80094-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, PAULINE H 6303 N.W. 77TH ST. GAINESVILLE, FL 326532912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: William E. Coleman 4/18/06 352-302-7142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #