
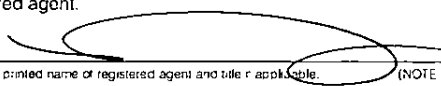


2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 023 ***150.00

DOCUMENT # P03000134291			
1. Entity Name JEFF L. COKER PAINTING, INC.			
Principal Place of Business 3204 HWY 441 S OKEECHOBEE FL 34974		Mailing Address 600 S.W. 21 ST OKEECHOBEE FL 34974	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELAHANTY, BRIAN A 208 NE 3 ST OKEECHOBEE FL 34972		Name: DONALD H. JONES Street Address (P.O. Box Number is Not Acceptable): 449 FIELDSTONE DR. City: VENICE FL Zip Code: 34292	
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: 		DONALD H. JONES DATE: 3/27/07	



1st MOORE CR2E034 (10/06)

4. FEI Number	56-2418973	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

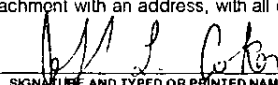
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: COKER, JEFF L STREET ADDRESS: 3204 HWY 441 S CITY - ST - ZIP: OKEECHOBEE FL 34974	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: COKER, DORINA L STREET ADDRESS: 3204 HWY 441 S CITY - ST - ZIP: OKEECHOBEE FL 34974	<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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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:  Jeff L. Coker 2-5-07 1-863-467-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2288