

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 033 ***150.00

DOCUMENT # P03000139694

1. Entity Name

COFFEY'S TILE & STONE INSTALLATION, INC.



Principal Place of Business

432 THERESA BLVD
PT CHARLOTTE FL 33954

Mailing Address

432 THERESA BLVD
PT CHARLOTTE FL 33954

2. Principal Place of Business

227 Lecturn St.

Suite, Apt. #, etc.

PT. Charlotte, FL

City & State

PT. Charlotte, FL

Zip

33954

Country

Charlotte

3. Mailing Address

227 Lecturn St

Suite, Apt. #, etc.

PT. Charlotte, FL

City & State

PT. Charlotte, FL

Zip

33954

Country

Charlotte



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0445425

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEW, JAMES R
22212 MONTROSE AVE
PT CHARLOTTE FL 33952

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME COFFEY, JAMES W
STREET ADDRESS 432 THERESA BLVD
CITY-ST-ZIP PT CHARLOTTE FL 33954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary-Vice ☐ Change ☒ Addition
NAME melissa R. Coffey
STREET ADDRESS 227 Lecturn St.
CITY-ST-ZIP Pt. Charlotte, FL 33954

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

James R. Coffey President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05 941-766-1339

Date

Daytime Phone #