

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139694

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** COFFEY'S TILE & STONE INSTALLATION, INC.

**Current Principal Place of Business:**

2145 GOLDENROD ST.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

5499 BURDETTE TERRACE  
NORTH PORT, FL 34287 US

**Current Mailing Address:**

2145 GOLDENROD ST.  
SARASOTA, FL 34239 US

**New Mailing Address:**

5499 BURDETTE TERRACE  
NORTH PORT, FL 34287 US

**FEI Number:** 20-0445425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COFFEY, MELISSA R  
2145 GOLDENROD ST.  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

COFFEY, MELISSA R  
5499 BURDETTE TERRACE  
NORTH PORT, FL 34287 US

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.

**SIGNATURE:** MELISSA R. COFFEY

02/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COFFEY, JAMES W  
**Address:** 5499 BURDETTE TERRACE  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** VST  
**Name:** COFFEY, MELISSA R COFFEY  
**Address:** 5499 BURDETTE TERRACE  
**City-St-Zip:** NORTH PORT, FL 34287

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MELISSA R. COFFEY

VST

02/03/2012

Electronic Signature of Signing Officer or Director

Date