

**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90014 001 \*\*\*158.75

**DOCUMENT # P03000158279**

1. Entity Name

JAMES COLEMAN PLUMBING, INC.



Principal Place of Business

325 E ANN ST  
PUNTA GORDA FL 33950

Mailing Address

325 E ANN ST  
PUNTA GORDA FL 33950

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 510216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA, FL

Zip

Country

Zip

Country

33951-0216 CHARLOTTE

4. FEI Number 20-0564395

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, JAMES A  
325 E ANN ST  
PUNTA GORDA FL 33950

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
O  
COLEMAN, JAMES A  
325 E. ANN ST.  
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
COLEMAN, MARY C  
325 E. ANN ST.  
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SH  
COLEMAN, EUGENE  
325 E. ANN ST.  
PUNTA GORDA FL 33950 ☐ Delete

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

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

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:

*James A. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07  
Date Daytime Phone #