

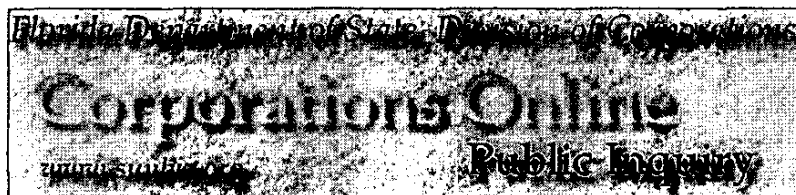
2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90125 037 ***150.00

DOCUMENT # P04000038484					
1. Entity Name NEKIA S COLEMAN INC					
Principal Place of Business 10529 TULSA ROAD JACKSONVILLE, FL 32218			Mailing Address 10529 TULSA ROAD JACKSONVILLE, FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0859731				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, NEKIA S 10529 TULSA ROAD JACKSONVILLE, FL 32218			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, NEKIA S 10529 TULSA ROAD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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 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: _____			Date: 4/30/04 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment



40081125

Florida Profit

NEKIA S COLEMAN INC

PRINCIPAL ADDRESS

10529 TULSA ROAD
JACKSONVILLE FL 32218

MAILING ADDRESS

10529 TULSA ROAD
JACKSONVILLE FL 32218Document Number
P04000038484State
FLFEI Number
NONEStatus
ACTIVEDate Filed
03/01/2004Effective Date
03/01/2004

Registered Agent

Name & Address
COLEMAN, NEKIA S 10529 TULSA ROAD JACKSONVILLE FL 32218

Officer/Director Detail

Name & Address	Title
COLEMAN, NEKIA S 10529 TULSA ROAD JACKSONVILLE FL 32218	P

Annual Reports

Report Year	Filed Date
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