


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000125397</b> 1. Entity Name DONALD COATES, P.A.	
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**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 21251 PELICAN SOUND DR. #201 ESTERO, FL 33928	Mailing Address 21251 PELICAN SOUND DR. #201 ESTERO, FL 33928
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07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2478732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COATES, DONALD D 21251 PELICAN SOUND DR. #201 ESTERO, FL 33928	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

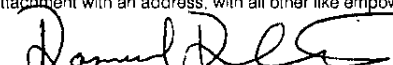
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COATES, DONALD D 21251 PELICAN SOUND DR. #201 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COATES, DONALD D 21251 PELICAN SOUND DR. #201 ESTERO, FL 33928
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07/09/08-80002-012 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **7/7/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #