


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P04000132663 1. Entity Name COKER'S SERVICES, INC.	
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Principal Place of Business
**14154 SE US 27
BRANFORD, FL 32008**

Mailing Address
**P.O. BOX 354
BRANFORD, FL 32008**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3785808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COKER, JOHN G
14154 SE US 27
BRANFORD, FL 32008**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000845118
03/13/08-80026-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COKER, JERRY D SR.
STREET ADDRESS	14154 SE US 27
CITY-ST-ZIP	BRANFORD, FL 32008

TITLE	D
NAME	COKER, JERRY D JR.
STREET ADDRESS	14154 SE US 27
CITY-ST-ZIP	BRANFORD, FL 32008

TITLE	D
NAME	COKER, JOHN G
STREET ADDRESS	14154 SE US 27
CITY-ST-ZIP	BRANFORD, FL 32008

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08 (386) 854-0202
Date Daytime Phone #