


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90177 014 ***150.00

DOCUMENT # P04000158840		
1. Entity Name COFFMAN CONSULTING & ASSOCIATES, INC.		

Principal Place of Business 711 NW 100TH WAY CORAL SPRINGS FL 33071	Mailing Address 711 NW 100TH WAY CORAL SPRINGS FL 33071
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 54-2162454		Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required								
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2"> PHILLIPS, JOE 6260 PLANTATION RD PLANTATION FL 33317 </td> <td colspan="2"> Name Gerald R. Coffman Street Address (P.O. Box Number is Not Acceptable) 711 NW 100 Way City Coral Springs FL Zip Code 33071 </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		PHILLIPS, JOE 6260 PLANTATION RD PLANTATION FL 33317		Name Gerald R. Coffman Street Address (P.O. Box Number is Not Acceptable) 711 NW 100 Way City Coral Springs FL Zip Code 33071	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
PHILLIPS, JOE 6260 PLANTATION RD PLANTATION FL 33317		Name Gerald R. Coffman Street Address (P.O. Box Number is Not Acceptable) 711 NW 100 Way City Coral Springs FL Zip Code 33071								

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerald R. Coffman* DATE 4/18/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, GERALD R.	NAME	
STREET ADDRESS	711 NW 100TH WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, ELEANOR	NAME	COFFMAN ELEANOR
STREET ADDRESS	100 NW 100TH WAY	STREET ADDRESS	711 NW 100 WAY
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Gerald R. Coffman* DATE 04/18/05 954-753-5228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR