

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90214 024 \*\*\*150.00

JUU14167



<b>DOCUMENT # P05000018098</b> 1. Entity Name <b>COFFENBERRY CONSTRUCTION, INC.</b>			
Principal Place of Business 1315 DEXTER WEST PORT ORANGE, FL 32119 US		Mailing Address 1315 DEXTER WEST PORT ORANGE, FL 32119 US	
2. Principal Place of Business <i>12700 Bartram Park Blvd.</i> Suite, Apt. #, etc. <i># 1730</i>		3. Mailing Address <i>12700 Bartram Park Blvd.</i> Suite, Apt. #, etc. <i># 1730</i>	
City & State <i>Jacksonville, FL</i> Zip <i>32258</i>		City & State <i>Jacksonville, FL</i> Zip <i>32258</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number <i>20-2287099</i>		Applied For <input type="checkbox"/> 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  COFFENBERRY, THOMAS 1315 DEXTER WEST PORT ORANGE, FL 32119		7. Name and Address of New Registered Agent Name <i>Tony Coffenberry</i> Street Address (P.O. Box Number is Not Acceptable) <i>12700 Bartram Park Blvd. #1730</i> City <i>Jacksonville</i> FL Zip Code <i>32258</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <input type="checkbox"/> Delete COFFENBERRY, THOMAS 1315 DEXTER WEST PORT ORANGE, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12700 Bartram Park Blvd., #1730</i> <i>Jacksonville, FL 32258</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete COFFENBERRY, TONY 1315 DEXTER WEST PORT ORANGE, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12700 Bartram Park Blvd. #1730</i> <i>Jacksonville, FL 32258</i>
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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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
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
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: <i>Tony Coffenberry</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4-11-06</i> <small>Days/Time Phone #</small>	