

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90017 014 ***150.00

DOCUMENT # P05000018098					
1. Entity Name COFFENBERRY CONSTRUCTION, INC.					
Principal Place of Business 12700 BARTRAM PARK BLVD #1730 JACKSONVILLE, FL 32258 US			Mailing Address 12700 BARTRAM PARK BLVD #1730 JACKSONVILLE, FL 32258 US		
2. Principal Place of Business - No P.O. Box # 28 Clarendon Ct. S.		3. Mailing Address 28 Clarendon Ct. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Coast, FL		City & State Palm Coast, FL		4. FEI Number 20-2287099	
Zip 32137		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent COFFENBERRY, TONY 12700 BARTRAM PARK BLVD #1730 JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28 Clarendon Ct. S. City, State, Zip Palm Coast FL 32137		
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: <i>Tony Coffenberry</i> DATE: 2-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P NAME COFFENBERRY, THOMAS STREET ADDRESS 12700 BARTRAM PARK BLVD., #1730 CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME 28 Clarendon Ct. S. STREET ADDRESS Palm Coast, FL 32137 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME COFFENBERRY, TONY STREET ADDRESS 12700 BARTRAM PARK BLVD., #1730 CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME 28 Clarendon Ct. S. STREET ADDRESS Palm Coast, FL 32137 CITY-ST-ZIP	<input checked="" 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	
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> TONY COFFENBERRY			2-26-07 904545-2330		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		