## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 All
Secretary of State

ANNUAL REPORT					Apr 17, 2008 08:0   Secretary of Sta				
DOCUMENT # P05000134707  1. Entity Name DAVID R. COYNE ENTERPRISES, INC.					S	ecret	ary of S	Sta	
Principal Plac	ce of Business	Mailing Address							
1241 ORANO Nokomis, Fl		1241 ORANGE AVE NOKOMIS, FL 34275		4 140:1180)	B) B   B				
	O NOT WRITE	IN THIS SDA	CE .	04152008	No Chg-P	CR2E034			
		IN INIO SPA		4. FEI Number 51-0573			Applied Fi		
			4 4, 4,	5. Certificate of	f Status Desired		3.75 Additional e Required		
	6. Name and Address of Current Re	egistered Agent		4.6			9. 1 N	£ 13	
COYNE, D 1241 ORA NOKOMIS				s (**) 1,749	NOT W HIS SP	60 . Ala " " " " ()			
	named entity submits this statement for the				* 1	1 1	A Same		
SIGNATURE FIL. After Ma	Signature, typed or printed name of registered eigent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan		00 May Be ed to Fees	U20000 04/30/08	<u>191<b>2:</b></u> 78 -80023-4	018 150.00	0	
10.	OFFICERS AND DE	RECTORS	I.,		* * *			eltr &	
NAME STREET ADDRESS CITY-ST-ZIP	P COYNE, DAVID R 1241 ORANGE AVE NOKOMIS, FL 34275							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COYNE, MARGARET L 1241 ORANGE AVE NOKOMIS, FL 34275							*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						A North			
TITLE		· ·							

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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

941484218

Daytims Phone #