## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 28, 2007 08:00 AM Secretary of State

AITHOAE REI OR I					- 1145 20, 200, 000		
DOCUMENT # P05000154661  1. Enlity Name LISA COATES ENTERPRISES, INC					S	ecretary of Sta	
Principal Plac 925 KEATON OCOEE, FL		Mailing Address 925 KEATON PKWY OCOEE, FL 34761		4 IN EIIN EA II			
				08162007	No Chg-P	CR2E034 (11/05)	
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 20-386 5. Certificate		Applied For Not Applicable  \$8.75 Additional	
	6. Name and Address of Current R	anistered Agent	T	l		Fee Required	
BA HATTAWAY & ASSOC. 3107 EDGEWATER DR. ST 3 ORLANDO, FL 32804  8. The above named entity submits this statement for the purpose of changing its registers			DO NOT WRITE IN THIS SPACE				
the obligations of registered agent  SIGNATURE  Signature, typed of principlement organizations and distributions. (NOTE: Registered Agency Ag					ith, in the State of Flor	ADATE	
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND D COATES, LISA 925 KEATON PKWY OCOEE, FL 34761	IRECTORS			U00000 03/29/07-	772904 80008-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	

12. Thereby 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 reports the and accurate and that my signature shall have the same legal effect as if made under eath; 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 otherwise empowered.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S 21/07

IN THIS SPACE

407.740.700