

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018389

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: COACH - N - FOUR OF CRESTVIEW - NORTH, INC.

## Current Principal Place of Business:

114 JOHN KING ROAD  
CRESTVIEW, FL 32539 US

## New Principal Place of Business:

## Current Mailing Address:

114 JOHN KING ROAD  
CRESTVIEW, FL 32539 US

## New Mailing Address:

FEI Number: 20-4271868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STURGEN, WILLIAM M JR  
2253 COUNTRY PLACE CIRCLE  
PENSACOLA, FL 325349501 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HERRIN, CHARLES K  
Address: 6028 OLD BETHEL ROAD  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: S ( ) Delete  
Name: FULLER, ANITA D  
Address: 100 TYNER DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HERRIN, CHARLES K  
Address: 2190 HAGOOD LOOP  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: S (X) Change ( ) Addition  
Name: FULLER, ANITA D  
Address: 100 TYNER DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Change (X) Addition  
Name: HERRIN, ELIZABETH A  
Address: 2190 HAGOOD LOOP  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA D. FULLER

S

03/14/2008

Electronic Signature of Signing Officer or Director

Date