

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036283

FILED
Mar 18, 2008
Secretary of State

Entity Name: CODA FAMILY CORPORATION

Current Principal Place of Business:

6412 QUEENS BOROUGH AVE #304
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6412 QUEENS BOROUGH AVE #304
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-4487622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEFFERNAN-MONACO, BETH A
6412 QUEENS BOROUGH AVE #304
ORLANDO, FL 32835 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: DS () Delete
Name: HEFFERNAN-MONACO, BETH A
Address: 6412 QUEENS BOROUGH AVE #304
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: FERGUSSON, DENNIS
Address: 514 WORTHINGTON DR
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: MONACO, ROBERT
Address: 6412 QUEENS BOROUGH AVE #304
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: FERGUSSON, KERRY
Address: 514 WORTHINGTON DR
City-St-Zip: WINTER PK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETH HEFFERNAN-MONACO

DS

03/18/2008

Electronic Signature of Signing Officer or Director

Date