

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151148

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: COLEMAN INSURANCE SOLUTIONS, INC.

## Current Principal Place of Business:

1523 PUTNAM CT.  
DUNEDIN, FL 34698

## New Principal Place of Business:

29190 US HWY 19 N  
CLEARWATER, FL 33761

## Current Mailing Address:

1523 PUTNAM CT.  
DUNEDIN, FL 34698

## New Mailing Address:

29190 US HWY 19 NORTH  
CLEARWATER, FL 33761

FEI Number: 20-8028769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, WILLIAM J  
538B WILKIE ST.  
DUNEDIN, FL 34698 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: D ( ) Delete  
Name: COLEMAN, RACHEL A  
Address: 1523 PUTNAM CT.  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RACHEL A COLEMAN

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04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date