

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000017886

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** COLEMAN QUALITY TRANSPORT, INC.

**Current Principal Place of Business:**

702 DAVID AVENUE  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 225  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 26-4342955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, VERNIE C  
702 DAVID AVENUE  
INTERLACHEN, FL 32148 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COLEMAN, VERNIE C  
Address: 702 DAVID AVENUE  
City-St-Zip: INTERLACHEN, FL 32148

Title: VP  
Name: COLEMAN, BRENDA L  
Address: 706 DAVID AVENUE  
City-St-Zip: INTERLACHEN, FL 32148

Title: VP  
Name: COLEMAN, JERRY C  
Address: 909 MARION AVE  
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: VERNIE COLEMAN

PRES

04/15/2011

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

\_\_\_\_\_  
Date