

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030444

FILED
Jul 02, 2009
Secretary of State

Entity Name: COLEMAN TRIM CARPENTRY INC.

Current Principal Place of Business:

194 PALM DRIVE
UNIT #2
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

194 PALM DRIVE
UNIT #2
NAPLES, FL 34112

New Mailing Address:

FEI Number: 65-0480398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC.
11220 METRO PARKWAY #3
FORT MYERS, FL 33912 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, MARK
Address: 194 PALM DRIVE UNIT #2
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: COLEMAN, JAMES
Address: 194 PALM DRIVE UNIT #2
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: COLEMAN, JUDITH E
Address: 194 PALM DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: COLEMAN, MARK E JR
Address: 194 PALM DR #2
City-St-Zip: CAPE CORAL, FL 34112

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: MARK COLEMAN

PD

07/02/2009

Electronic Signature of Signing Officer or Director

Date