

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 16, 2010  
Secretary of State**

DOCUMENT# P94000030444

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:**

ALL FLORIDA FIRM INC.  
813 DELTONA BLVD  
STE.A  
DELTONA, FL 32725 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: PD  
Name: COLEMAN, MARK  
Address: 194 PALM DRIVE UNIT #2  
City-St-Zip: NAPLES, FL 34112

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

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

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

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: MARK COLEMAN

PD

04/16/2010

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

\_\_\_\_\_  
Date