2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400050035

Entity Name
 COLEMAN BUILDERS OF VOLUSIA COUNTY, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5104 S RIDGEWOOD

PORT ORANGE, FL 32129 US

5104 RIDGEWOOD AVE. PORT ORANGE, FL 32127

US



DO NOT WRITE IN THIS SPACE

02042004 No Chg-P

CR2E034 (10/03)

FEI Number
 59-3252093

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, R A 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

				Ш	I NIS SPACE
B. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS COLEMAN, R A 5104 S RIDGEWOOD AVE PORT ORANGE, FL				्री कुरुष्ट विकासी है। इस्टर्स के प्रीक्षण हैंडिया है जन्महा की विकेश हैंडिया है।
CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET AUDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an oddress, with an oddress.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/0 4 Daylog Phone 1/44