

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000050444

1. Entity Name  
COLEMAN'S PLUMBING, INC.



Principal Place of Business  
19921 W. NEWBERRY ROAD  
NEWBERRY, FL 32669 US

Mailing Address  
P.O. BOX 718  
NEWBERRY, FL 32669

**FILED  
Mar 15, 2007 08:00 A  
Secretary of State**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3252102	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

COLEMAN, P. KEVIN  
1305 SW 266TH ST  
PO BOX 718  
NEWBERRY, FL 32669

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COLEMAN, KEVIN  
STREET ADDRESS 1305 SW 266TH ST  
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ST  
NAME COLEMAN, TAMMY B  
STREET ADDRESS 1305 SW 266TH ST  
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000667013  
03/26/07-80011-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

*Paul Kevin Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #