## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000085368

COAKLEY, JEFFREY L

3804 SKYLINE ST

DELTONA, FL 32738

Name:

Address: City-St-Zip: FILED Apr 30, 2004 Secretary of State

Entity Name: COAKLEY CONTRACTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1245 MARSH FERN RD MIMS, FL 32754 **Current Mailing Address: New Mailing Address:** 1245 MARSH FERN RD. MIMS, FL 32754 FEI Number: 59-3282040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COAKLEY, JAMES T SR 1245 MARSH FERN RD MIMS, FL 32754 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition COAKLEY, JAMES T SR Name: Name: 1245 MARSH FERN RD. Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition Name: COAKLEY, JERED W Name: COAKLEY, JERED W 10180 DRAGON FLY RUN 1475 BRIGHAM LOOP Address: Address: MIMS, FL 32754 GENEVA, FL 32732 City-St-Zip: City-St-Zip: Title: Title: TSD ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES COAKLEY PD 04/30/2004