

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90044 012 \*\*\*550.00

**DOCUMENT # P94000088989**

1. Entity Name

COORDINATED CONSTRUCTION, INC.



Principal Place of Business

6130 10TH AVE SW  
NAPLES FL 34116

Mailing Address

6130 10TH AVE SW  
NAPLES FL 34116

2. Principal Place of Business - No P.O. Box #

6130 NAPA WOODS WAY  
Suite, Apt. #, etc.

3. Mailing Address

6130 NAPA WOODS WAY  
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34116

Country

COLLIER

Zip

34116

Country

COLLIER

4. FEI Number

65-0550680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E034 (4/07)

6. Name and Address of Current Registered Agent

FULLER, JOE M  
6130 10TH AVE. SW  
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FULLER, JOE M**  
STREET ADDRESS **6130 10TH AVE. SW**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **V** ☐ Delete  
NAME **INGHAM, JAMES R**  
STREET ADDRESS **PO BOX 775 (603 JONES AVE.)**  
CITY-ST-ZIP **TYBEE ISLAND GA 31328**

TITLE **ST** ☐ Delete  
NAME **FULLER, JOE M**  
STREET ADDRESS **6130 10TH AVE. SW**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Joe M. Fuller* **JOE M. FULLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-18-07** **239-455-7602**

Date Daytime Phone #