

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000032378

1. Entity Name
COLEMAN TECHNOLOGIES, INC.



Principal Place of Business
**20 NORTH ORANGE AVE.
SUITE 300
ORLANDO, FL 32801 US**

Mailing Address
**20 NORTH ORANGE AVE.
SUITE 300
ORLANDO, FL 32801 US**



D1042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3309656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATZ, BENJAMIN J
20 NORTH ORANGE AVE.
STE 300
ORLANDO, FL 32801**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000385531

01/18/06-80018-025-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATZ, BENJAMIN J
STREET ADDRESS 11800 LAKE BUTLER BLVD
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE S
NAME COLEMAN, MICHAEL
STREET ADDRESS 2111 LAKESIDE DRIVE
CITY-ST-ZIP ORLANDO, FL 328031513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: BENJAMIN J PATZ 1/4/06 402-481-XXXX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #