

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P96000062737

1. Entity Name
COGGIN PROPERTIES, INC.



Principal Place of Business
**620 5TH ST.
CHIPLEY, FL 32428**

Mailing Address
**POST OFFICE BOX 432
CHIPLEY, FL 32428**

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3394632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COGGIN, M R JR.
76 BARCELONA AVE
SEAGROVE, FL 32459**

**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 reconstating)

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 **COGGIN, VONCEIL**
STREET ADDRESS **620 5TH ST.**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **VP**
NAME **COGGIN, M R JR**
STREET ADDRESS **76 BARCELONA AVE**
CITY-ST-ZIP **SEAGROVE, FL 32459**

TITLE **ST**
NAME **CARMICHAEL, ODA LUCIA**
STREET ADDRESS **1353 WILLIAMS RD**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000682221
04/04/07-80076-019 150.00

**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: *O. Lucia Carmichael*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

(850) 638-6222

Daytime Phone #