## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000099939

Entity Name: COLTMAN, INC.

City-St-Zip: NAPLES, FL 34105

FILED Jan 27, 2009 Secretary of State

| Owner & Daire alord Disease of Davids       |   |                                    | New Principal Place of Business             |  |  |
|---|---|------------------------------------|---|--|--|
| Current Principal Place of Business:        |   |                                    | New Principal Place                         | New Principal Place of Business:             |  |
| 4255 TAM<br>NAPLES,                         | IAMI TRAIL N<br>FL 34103 L                                    | IS                                 |   |  |  |
| Current Mailing Address:                    |   |                                    | New Mailing Address:                        |  |  |
| 5215 OLD<br>NAPLES,                         | GALLOWS W<br>FL 34105 L                                       | AY<br>IS                           |   |  |  |
| FEI Number                                  | : 59-3434853  | FEI Number Applied For()           | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and                                    | l Address of C  | current Registered Agent:          | Name and Address                            | of New Registered Agent:                     |  |
| 821 FIFTH<br>STE 201<br>NAPLES,             | INO, LOUIS D<br>I AVE., SOUTI<br>FL 34103 US<br>named entity: |                                    | ourpose of changing its registere           | ed office or registered agent, or both,      |  |
|   | e of Florida.   |                                    |   |  |  |
| SIGNATU                                     | RE:   |                                    |   |  |  |
|   | Electror  | ic Signature of Registered Ag      | ent   | Date   |  |
| Election Ca                                 |   | g Trust Fund Contribution ( ).     |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                    | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | C ( )<br>FRANK D'AGO:<br>5215 OLD GAL<br>NAPLES, FL 3         | LOWS WAY                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P ( )<br>DOMENIC D'AC<br>5215 OLD GAL<br>NAPLES, FL 3         | LOWS WAY                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP ( )<br>JOHN D'AGOS'<br>7834 GARDNE<br>NAPLES, FL 3         | R DR #201                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S ( )<br>ANNE D'AGOS'<br>5215 OLD GAL<br>NAPLES, FL 3         | LOWS WAY                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                 | MARIO D'AGOS  | Delete<br>STINO,<br>RIDGE DR. #805 | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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

City-St-Zip:

SIGNATURE: ANNE D'AGOSTINO S 01/27/2009