FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

--1999-



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS -

DOCUMENT # P97000017295

1. Corporation Name

COFFEY HOME, INC.

Principal Place	or Business	Maining Address	•					
6718 SEAVIEW		6718 SEAVIEW BLVD HUDSON FL 34667						· ·
HUDSON FL 34	667	HUDSON FL 34007				DO NOT WRITE IN THIS	SPACE	
		·				3. Date Incorporated or Qualifed		
		•				02/20/1997		
	· · · · · · · · · · · · · · · · · · ·					4. FEI Number	Appl	lied For
2. Principal Pl	lace of Business	2a. Mailing Address					/ · L · · ·	Applicable
21		26			<u></u>	59-3434012		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		5. Certificate of Status Desired	\$8.75 Ad	
22	The second secon	27				3. Definicate of Clares Desires	Fee Req	uired
City & State	e	City & State			 -	6. Election Campaign Financing	\$5.00 N	lay Be
一 '		28			•	Trust Fund Contribution	Added to	Fees
23	Country	Zip	Cou	untry		8. This corporation owes the current year In	itangible '	,
Zip		<u> </u>	30			Personal Property Tax.	∐ Yes [∃No
24	25	29	[30]	1		10. Name and Address of New Registered	Agent	
	9. Name and Address of Current			81	Name	To. Hame and Madres of the Madres		,
005	PER DOUGLAS C			10.1	Maille			
COFFEY, DOUGLAS C				82 Street Address (P.O. Box Number is Not Acceptable)			ļ	
	B SEAVIEW BLVD	·	•			and the second of the second o	10 10 2 2 10 6 1	
HUÐ	ISON FL 34667			83				
				84	City	* (\$0.05)	85 Zip Ci	ode
				1-1	•	FI	_	
dd Dursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	tes. the a	above-	named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing its r	egistered
office or r	registered agent, or both, in the State of	f Florida. Such change was	authorize	d by t	he corporation	oration submits this statement for the purpose on one should be directors. I hereby accept the appointment to the appointment of the appointment to the appointment t	ointment as regi	stered
agent. I a	ım familiar with, and accept the obligation	ons of, Section 607.0505, Fi	onda Stat	tutes.				
SIGNATURE						od when reinstating) , DATE		\
	Signature, typed or printed name of registered agent	arto das il apprissioni		<u>·</u>	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	OFFICERS AND		13.				☐ Change	Addition
TITLE	D	☐ DELETE	3.1 T	TITLE .	·	で 銀行を提		
NAME	COFFEY, DOUGLAS C		1.2 N	IAME"				-
STREET ADDRESS	6718 SEAVIEW BLVD		1.3 S	TREET	ADDRESS]
	HUDSON FL 34667		1.4 C	CITY-ST-	-ZIP		-	
CITY-ST-ZIP	D	☐ DELETE	2.1 T					
TITLE	1 =	—					☐ Change	☐ Addition
NAME	COFFEY, MARGE		221	JAA.		·	☐ Change	☐ Addition
STREET ADDRESS	6718 SEAVIEW BLVD			VAME		·	☐ Change	☐ Addition
CITY-ST-ZIP			2.3 \$	STREET	ADDRESS	·	☐ Change	☐ Addition
TITLE	HUDSON FL 34667	· 《建學學》。	2.3 \$	STREET			· ·	
	HUDSON FL 34667	Ted Thirts	2.3 \$	STREET			☐ Change	Addition Addition
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0.00	HUDSON FL 34667	Tender of the Company of the Compan	2.3 \$ 2.4 (3.1 T 3.2 N	STREET. CITY-ST TITLE NAME		i transación de sidente de como de la como d	Change	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY+ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90047 036 ***158.75