

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90030 047 \*\*\*150.00

DOCUMENT # P97000025772

1. Corporation Name  
COFFEY & COMPANY, INC.

Principal Place of Business  
2202 ARBOUR WALK CIRCLE #2112  
NAPLES FL 34109

Mailing Address  
2202 ARBOUR WALK CIRCLE #2112  
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/21/1997

4. FEI Number  
59-3489586

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 2004 Prince Drive  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2316 Pine Ridge Road  
Suite, Apt. #, etc.

22 City & State  
23 Naples, Florida

27 Suite 345  
28 Naples, Florida

24 Zip 34110 25 Country USA

29 Zip 34109 30 Country USA

9. Name and Address of Current Registered Agent

HOLLANDER, RHONDA P.A.  
1861 NORTH FEDERAL HIGHWAY, #191  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME COFFEY, MICHAEL  
STREET ADDRESS 2202 ARBOUR WALK CIRCLE #2112  
CITY-ST-ZIP NAPLES FL 34109

TITLE VPTD  
NAME YOUNG, LYNETTE  
STREET ADDRESS 2202 ARBOUR WALK CIRCLE #2112  
CITY-ST-ZIP NAPLES FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME Coffey, Michael  
1.3 STREET ADDRESS 2004 Prince Drive  
1.4 CITY-ST-ZIP Naples, FL 34110

2.1 TITLE VPTD  
2.2 NAME young, Lynette  
2.3 STREET ADDRESS 2004 Prince Drive  
2.4 CITY-ST-ZIP Naples, FL 34110

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (94)592-9795

CR2E034 (1/98)

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