

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90017 011 ***150.00

DOCUMENT # P97000026160

1. Entity Name

G.S. COLEMAN CONSTRUCTION, INC.



Principal Place of Business

3956 NW 5 DR
DEERFIELD BEACH FL 33442

Mailing Address

3956 NW 5 DR
DEERFIELD BEACH FL 33442

54065240



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3956 N.W. 5 DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3956 N.W. 5 DRIVE

Suite, Apt. #, etc.

City & State

DEERFIELD BCH, FL.

Zip

33442

Country

USA

City & State

DEERFIELD BCH, FL.

Zip

33442

Country

USA.

4. FEI Number

65-0747225

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

-FILINGS, INC.-
3956 NW 5 DR
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

GARY S. COLEMAN - PRES.

(NOTE: Registered Agent signature required when reinstating)

7-26-04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, GARY S - SAME	
STREET ADDRESS	2000 NW 32ND CT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	GARY S. COLEMAN	
STREET ADDRESS	3956 N.W. 5 DRIVE	
CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

GARY S. COLEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04

Date

954-481-1947

Daytime Phone #

Attachment

54065240

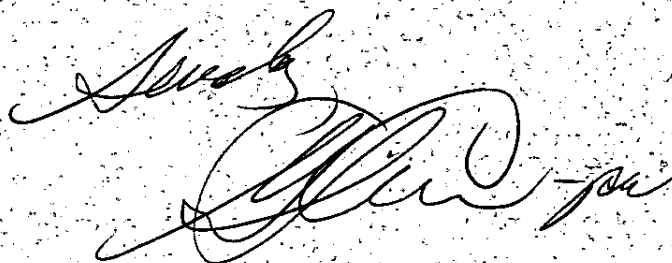
G.S. Coleman Construction, Inc.

#1700026160

7-24-04

TOWHOM IT MAY CONCERN,

I AM SORRY BUT I DID NOT RECEIVE
ANYTHING IN THE MAIL THAT I OWED ANY
MONEY UNTIL THIS NOTICE OF \$150-. I WOULD
APPRECIATE YOU ACCEPTING THIS CHECK FOR
\$150-. I ATTEST THAT ABOVE IS TRUE &
CORRECT.



GAY S COLEMAN-PROPS