

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90034 045 ***150.00

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1. Entity Name

RODERICK COLEMAN & ASSOCIATES, P.A.



Principal Place of Business

122 MINORCA AVE
CORAL GABLES FL 33134
US

Mailing Address

120 E PALMETTO PARK ROAD
150
BOCA RATON FL 33432
US



2. Principal Place of Business - No P.O. Box #

120 E. Palmetto Park Road

3. Mailing Address

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33432

Country

Palm Beach

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0813438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, RODERICK F ESQ.
120 E PALMETTO PARK ROAD
150
BOCA RATON FL 33432

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

[Signature]

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4.5.07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COLEMAN, RODERICK F
STREET ADDRESS 122 MINORCA AVE
CITY ST - ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.07

Date

Daytime Phone #