

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P98000027317</b> 1. Entity Name <b>R.M. COATS CONSTRUCTION, INC.</b>			
Principal Place of Business <b>2960 SOUTH MCCALL ROAD, STE 210 ENGLEWOOD, FL 34224</b>		Mailing Address <b>2960 SOUTH MCCALL ROAD, STE 210 ENGLEWOOD, FL 34224</b>	
<b>ADDRESS CHANGE</b>			
2. Principal Place of Business - No P.O. Box # <b>2751 AVENUE OF THE AMERICAS</b>		3. Mailing Address <b>2751 AVE. OF THE AMERICAS</b>	
Suite, Apt. #, etc. <b>UNIT C</b>		Suite, Apt. #, etc. <b>UNIT C</b>	
City & State <b>ENGLEWOOD, FLORIDA</b>		City & State <b>ENGLEWOOD, FLORIDA</b>	
Zip <b>34224</b>		Zip <b>34224</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0827568</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COATS, ROBERT M 2960 SOUTH MCCALL ROAD, STE. 210 ENGLEWOOD, FL 34224</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2751 Ave. of the Americas</b> <b>Unit C</b> City <b>Englewood</b>	
FL		Zip Code <b>34224</b>	
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 		DATE <b>4.24.07</b>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COATS, ROBERT M 1 PINE BREEZE LANE VENICE, FL 34293 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COATS, WILLIAM L 251 CADDY RD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE <b>4.24.07</b>	
(941) 460-9494		Daytime Phone #	

FILED  
07 APR 30 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



K. Eckel MAY - 8 2007