


**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P98000027317  
 1. Entity Name  
 R.M. COATS CONSTRUCTION, INC.



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

Principal Place of Business      Mailing Address  
 2960 SOUTH MCCALL ROAD, STE 210      2960 SOUTH MCCALL ROAD, STE 210  
 ENGLEWOOD, FL 34224      ENGLEWOOD, FL 34224

**ADDRESS CHANGE**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 2751 AVENUE OF THE AMERICAS      2751 AVE. OF THE AMERICAS  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 UNIT C      UNIT C

04182007    Chg-P    CR2E034 (12/06)

City & State      City & State  
 ENGLEWOOD, FLORIDA      ENGLEWOOD, FLORIDA  
 Zip      Country      Zip      Country  
 34224      USA      34224      USA

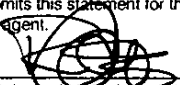
4. FEI Number      Applied For  
 65-0827568      Not Applicable

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

6. Name and Address of Current Registered Agent  
 COATS, ROBERT M  
 2960 SOUTH MCCALL ROAD, STE. 210  
 ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 2751 Ave. of the Americas  
 Unit C  
 City      State      Zip Code  
 Englewood      FL      34224

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:  ROBERT COATS      DATE: 4.24.07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Amended AR is \$61.25      9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

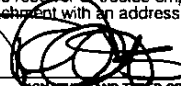
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COATS, ROBERT M 1 PINE BREEZE LANE VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COATS, WILLIAM L 251 CADDY RD ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

500108133075  
05/24/07--01013--018    \*\* 70.00

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:  ROBERT COATS      DATE: 4.24.07      (941) 460-9494

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

K. Eckel MAY - 8 2007