


**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 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. **UNIT C** Suite, Apt. #, etc. **UNIT C**

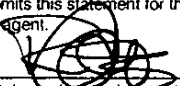
04182007 Chg-P CR2E034 (12/06)

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

4. FEI Number **65-0827568** Applied For 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 **Englewood** FL Zip Code **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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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

K. Eckel MAY - 8 2007