

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000027317

1. Entity Name
R.M. COATS CONSTRUCTION, INC.



Principal Place of Business
**2751 AVENUE OF THE AMERICAS
UNIT C
ENGLEWOOD, FL 34224**

Mailing Address
**2751 AVENUE OF THE AMERICAS
UNIT C
ENGLEWOOD, FL 34224**



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0827568	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COATS, ROBERT M
2751 AVENUE OF THE AMERICAS
UNIT C
ENGLEWOOD, FL 34224**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COATS, WILLIAM L 251 CADDY RD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/08-80030-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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, PRESIDENT

2.26.08 (941) 460-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #