

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P98000028818

1. Entity Name
CO-ORDINATED CAPITAL ENTERPRISES, INC.



Principal Place of Business

**3818 GUNN HIGHWAY
SUITE 208
TAMPA, FL 33618**

Mailing Address

**3818 GUNN HIGHWAY
SUITE 208
TAMPA, FL 33618**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2283318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PROVENZANO, PHILIP JR
3818 GUNN HIGHWAY
SUITE 208
TAMPA, FL 33624**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	D PROVENZANO, PHILIP JR 3818 GUNN HIGHWAY, SUITE 208 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVENZANO, GENE 3818 GUNN HIGHWAY, SUITE 208 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLIN, WILLIAM R 3818 GUNN HIGHWAY, SUITE 208 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/17/07-80089-007 150.00

**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: _____

4/5/07 813-960-7058