

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90184 039 \*\*\*150.00

**DOCUMENT # P98000101886**

1. Entity Name  
**COFFEY COMMERCIAL PROPERTIES, INC.**



Principal Place of Business  
**900 SE 3RD AVENUE  
SUITE 201  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**900 SE 3RD AVENUE  
SUITE 201  
FORT LAUDERDALE, FL 33316**

40023016



2. Principal Place of Business  
**1215 S.E. 2nd Ave**

3. Mailing Address  
**1215 S.E. 2nd Ave**

Suite, Apt. #, etc.  
**SUITE 201**

Suite, Apt. #, etc.  
**SUITE 201**

02222005 Chg-P CR2E034 (10/03)

City & State  
**FT Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33316**

Country  
**USA**

Zip  
**33316**

Country  
**USA**

4. FEI Number  
**65-0890949**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COFFEY, KEVIN M  
900 SE 3RD AVENUE  
SUITE 201  
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent  
Name  
**Coffey, Kevin M**  
Street Address (P.O. Box Number is Not Acceptable)  
**1215 S.E. 2nd Ave, Suite 201**  
City  
**FT Lauderdale** FL Zip Code  
**33316**

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 **Kevin M Coffey** **2-22-05**  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, KEVIN M 1337 AVOCADO ISLE FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: **Kevin M Coffey** **2-22-05** **954 525-9695**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #