

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016614

Entity Name: BETH M. COLEMAN, P.A.

FILED
May 22, 2005
Secretary of State

Current Principal Place of Business:

2008 HAWAII AVE.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

P.O. BOX 7280
ST. PETERSBURG, FL 33734-728

Current Mailing Address:

2008 HAWAII AVE.
ST. PETERSBURG, FL 33703

New Mailing Address:

P.O. BOX 7280
ST. PETERSBURG, FL 33734-728

FEI Number: 59-3557842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, BETH M
2008 HAWAII AVE.
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: COLEMAN, BETH M
Address: 2008 HAWAII AVE.
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: COLEMAN, BETH M
Address: P.O. BOX 7280
City-St-Zip: ST. PETERSBURG, FL 33734-728

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH M. COLEMAN

P

05/22/2005

Electronic Signature of Signing Officer or Director

Date