

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90224 049 ***150.00

DOCUMENT # P99000043006

1. Entity Name
COE'S CUSTOM MARBLE & TILE, INC.



Principal Place of Business
**441 14TH AVE. N.
NAPLES, FL 34120**

Mailing Address
**441 14TH AVE. N.
NAPLES, FL 34120**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3577113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~LAW OFFICES OF TERRY A. HORT~~
~~2061 TOWN CENTER WAY~~
~~NAPLES, FL 34109~~

William D Coe Jr
441 14th Ave N.W.
Naples, FL 34120

**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 _____

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	COE, WILLIAM D
STREET ADDRESS	441 14TH AVE NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	V
NAME	COE, SELDOM D
STREET ADDRESS	471 1ST STREET NW
CITY-ST-ZIP	NAPLES, FL 33964
TITLE	ST
NAME	COE, CINDY (Fired)
STREET ADDRESS	441 14TH AVENUE NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 04 **455-8899**
Date Daytime Phone #