2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000044500

1. Entity Name
P.L. COLEMAN, INC.

Principal Place of Business	Mailing Address
9013 SW 78 PL MIAMI, FL 33156	PO BOX 561008 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0996506
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, PHILLIP L
9013 SW 78 PL
MIAMI, FL 33156

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000494750
04/20/06-80055-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	COLEMAN, PHILLIP L
STREET ADDRESS	PO BIX 561008
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	VP
NAME	COLEMAN, SUSANNE T
STREET ADDRESS	P.O. BOX 561008
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	S
NAME	COLEMAN, CHARLES H
STREET ADDRESS	P.O. BOX 561008
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #