

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # S34165

1. Entity Name

J. S. COLEMAN CORPORATION



Principal Place of Business
4060 N TAMiami TRAIL
NAPLES FL 34103
US

Mailing Address
4060 N TAMiami TRAIL
STE 1
NAPLES FL 34103
US



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number **65-0254376**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, JAMES SHANNON
4060 N TAMiami TRAIL
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
D
COLEMAN, JAMES SHANNON
4060 N TAMiami TRAIL
NAPLES FL 34103 ☐ Delete

TITLE
NAME
U00000628669
02/16/07-80026-013 150.00 ☐ Change ☐ Addition

TITLE
NAME
D
COLEMAN, JAMES G.
333 CUDDY CT
NAPLES FL 34103 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07 239-261-1713

Date

Daytime Phone #