

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475363

**Entity Name:** WILLIAM H. COLEMAN, INC.

**Current Principal Place of Business:**

1613 KING STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1613 KING STREET  
JACKSONVILLE, FL 32204 US

**FEI Number:** 59-1616836

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COLEMAN, WILLIAM H.  
3454 FITCH STREET  
JACKSONVILLE, FL 32205 US

*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

**Officer/Director Detail :**

|                 |                        |                 |                    |
|-----------------|------------------------|-----------------|--------------------|
| Title           | C                      | Title           | PD                 |
| Name            | COLEMAN, WILLIAM HCHRM | Name            | COLEMAN, IRMA PRES |
| Address         | 3454 FITCH STREET      | Address         | 3454 FITCH ST.     |
| City-State-Zip: | JACKSONVILLE FL        | City-State-Zip: | JACKSONVILLE FL    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM H. COLEMAN

CHAIRMAN

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date