

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 050 ***150.00

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1. Entity Name

COAST & HARBOR ENGINEERING, INC.



Principal Place of Business
110 MAIN STREET E103
EDMONDS WA 98020

Mailing Address
745 US HWY ONE #205
NORTH PALM BEACH FL 33408



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-0501110

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

HICKS, SCOTT
745 US HWY ONE, SUITE 205
NORTH PALM BEACH FL 33408

Name

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

#204

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
PC
SHEPDIS, VLADIMIR
STREET ADDRESS
110 MAIN STREET E103
CITY- ST- ZIP
EDMONDS WA 98020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
#103

TITLE
NAME
SD
SIMPSON, DAVID
STREET ADDRESS
110 MAIN STREET E103
CITY- ST- ZIP
EDMONDS WA 98020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
#103

TITLE
NAME
TVC
PHILLIPS, R. SHANE
STREET ADDRESS
110 MAIN STREET E103
CITY- ST- ZIP
EDMONDS WA 98020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
#103

TITLE
NAME
VD
FENICAL, SCOTT
STREET ADDRESS
388 MARKET STREET #500
CITY- ST- ZIP
SAN FRANCISCO CA 94111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
155 MONTGOMERY ST #608
94104

TITLE
NAME
VP
BERMUDEZ, HUGO
STREET ADDRESS
3410 FAR WEST BLVD SUITE 210
CITY- ST- ZIP
AUSTIN TX 78731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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:

R. SHANE PHILLIPS

CORP. TREASURER

1-25-07

425 778-6042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #