

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099958

FILED
Jan 20, 2006
Secretary of State

Entity Name: COASTAL BUILDERS OF N.W. FLORIDA, INC.

Current Principal Place of Business:

285 LYNN DR.
NEALLEY BUSINESS VILLAGE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

285 LYNN DR.
NEALLEY BUSINESS VILLAGE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

285 LYNN DRIVE
NEALLEY BUSINESS VILLAGE
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3683588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H PA
5365 E. COUNTY HWY 30A, #105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LIKENS, TOMMY
Address: 285 LYNN DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOMMY LEE LIKENS

OWNE

01/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date