

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 003 ***150.00

DOCUMENT #P02000093872					
1. Entity Name COASTAL CONSTRUCTION COMPANY OF PALM BEACH, INC.					
Principal Place of Business 790 NW 107TH AVE, STE 308 MIAMI, FL 33172			Mailing Address 790 NW 107TH AVE, STE 308 MIAMI, FL 33172		
2. Principal Place of Business 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City & State Miami, FL Zip 33126 Country U.S.A.		3. Mailing Address 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City & State Miami, FL Zip 33126 Country U.S.A.			
4. FEI Number 65-0802683		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S BAYSHORE DR, 7TH FLOOR MIAMI, FL 33133			7. Name and Address of New Registered Agent 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, 2006 Fee will be \$550.00		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 DCEO NAME MURPHY, THOMAS P JR STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE ☒ Change ☐ Addition NAME 5959 BLUE LAGOON DR., SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP		
TITLE P NAME WHITEMAN, DANIEL E STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE ☒ Change ☐ Addition NAME 5959 BLUE LAGOON DR., SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP		
TITLE V NAME MURPHY, THOMAS C STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE ☒ Change ☐ Addition NAME 5959 BLUE LAGOON DR., SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP		
TITLE V NAME MURPHY, SEAN M STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE ☒ Change ☐ Addition NAME 5959 BLUE LAGOON DR., SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP		
TITLE ST NAME VAUGHN, RON STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☒ Delete		TITLE ☐ Change ☒ Addition NAME ST ALDERMAN, KEN R STREET ADDRESS 5959 BLUE LAGOON DR., SUITE 200 CITY-ST-ZIP MIAMI, FL 33126		
TITLE AS NAME PHILBRICK, LYNN STREET ADDRESS 790 NW 107TH AVE, STE 308 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE ☒ Change ☐ Addition NAME 5959 BLUE LAGOON DR., SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-1-06 305-559-4900 Date Daytime Phone #		