

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132674

FILED
Feb 01, 2005
Secretary of State

Entity Name: COASTAL TRIM & CABINETS INCORPORATED

Current Principal Place of Business:

176 MARIE CIRCLE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

176 MARIE CIRCLE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 52-2391079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMAN, SCOTT
176 MARIE CIRCLE
CRAWFORDVILLE, FL 32327 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: V () Delete
Name: HOMAN, SCOTT
Address: 176 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OFF () Delete
Name: HOMAN, CHESTER
Address: 176 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OFF () Delete
Name: RYAN, CHESTER
Address: 30 SHULER ST.
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOMAN, SCOTT
Address: 176 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OFF (X) Change () Addition
Name: HOMAN, JOHN
Address: P.O. BOX 1105
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OFF (X) Change () Addition
Name: RYAN, JERAHME
Address: 30 SHULER ST.
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT HOMAN

P

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date