


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000132674 1. Entity Name <b>COASTAL TRIM &amp; CABINETS INCORPORATED</b>	
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Principal Place of Business <b>87 BAYPINE DR          CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>87 BAYPINE DR          CRAWFORDVILLE, FL 32327</b>
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**DO NOT WRITE IN THIS SPACE**



06202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-2391079</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**HOMAN, SCOTT  
 87 BAYPINE DR  
 CRAWFORDVILLE, FL 32327**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOMAN, SCOTT 87 BAYPINE DR CRAWFORDVILLE, FL 32327</b>
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 06/22/07-80004-007 550.00

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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: *Scott Homan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #