

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004148

FILED
Apr 18, 2008
Secretary of State

Entity Name: COASTAL CUSTOM CARPENTRY AND CONSTRUCTION, INC.

Current Principal Place of Business:

9210 PALM ISLAND CIR
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

9210 PALM ISLAND CIR
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 33-1083192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESIMONE, MICHAEL A
9210 PALM ISLAND CIR
NORTH FORT MYERS, FL 33903 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: D () Delete
Name: DESIMONE, MICHAEL A
Address: 9210 PALM ISLAND CIR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: JORCZAK, BRIAN J
Address: 4085 HANCOCK BRIDGE PARKWAY #164
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A DESIMONE

D

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date