

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010486

FILED
Apr 04, 2007
Secretary of State

Entity Name: COASTAL REALTY OF BREVARD, INC.

Current Principal Place of Business:

402 THRUSH DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

402 THRUSH DRIVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 83-0424663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOANN M
402 THRUSH DRIVE
SATELLITE BEACH, FL 32937 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: P () Delete
Name: DAVIS, JOANN M
Address: 402 THRUSH DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP () Delete
Name: DAVIS, WILLIAM
Address: 402 THRUSH DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DAVIS, WILLIAM N
Address: 402 THRUSH DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: JOANN M DAVIS

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date