2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000038716

1. Entity Name
COASTAL MASONRY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1909 NW 16 ST POMPANO BEACH, FL 33069	1909 NW 16 ST POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90100 033 ***150.00

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0754649	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, GARY
1909 NW 16 ST
POMPANO BEACH, FL 33069

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, GARY
STREET ADDRESS	1909 NW 16 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/19/07   954-984-06 __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #