

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000083199

1. Entity Name
COASTAL WINDOWS & DOORS, INC.



Principal Place of Business 8300 RESOURCE ROAD WEST PALM BEACH, FL 33404	Mailing Address 8300 RESOURCE ROAD WEST PALM BEACH, FL 33404
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0865298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOME, WILLIAM R. H. ESQ.
 1818 SOUTH AUSTRALIAN AVENUE
 SUITE 202
 WEST PALM BEACH, FL 33409**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DVP FULLWOOD, DENNIS C 8300 RESOURCE DAIVE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDP FULLWOOD, JAMES E JR 8300 RESOURCE DAIVE WEST PALM BEACH, FL 33404
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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: *[Signature]* **1/26/07** **561 281 3513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #