

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083199

FILED
Apr 16, 2009
Secretary of State

Entity Name: COASTAL WINDOWS & DOORS, INC.

Current Principal Place of Business:

8300 RESOURCE ROAD
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

8300 RESOURCE ROAD
WEST PALM BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0865298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOME, WILLIAM R. H. ESQ.
1818 SOUTH AUSTRALIAN AVENUE
SUITE 202
WEST PALM BEACH, FL 33409 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: DVP () Delete
Name: FULLWOOD, DENNIS C
Address: 8300 RESOURCE DAIVE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: STDP () Delete
Name: FULLWOOD, JAMES E JR
Address: 8300 RESOURCE DAIVE
City-St-Zip: WEST PALM BEACH, FL 33404

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: JAMES E FULLWOOD

STDP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date