

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 021 ***158.75

DOCUMENT # 210435

1. Entity Name
COASTAL ENGINEERING ASSOCIATES, INC.



Principal Place of Business
966 CANDLELIGHT BLVD
BROOKSVILLE, FL 34601

Mailing Address
966 CANDLELIGHT BLVD
BROOKSVILLE, FL 34601

40077106



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-0827183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANUEL, CLIFFORD E. J
703 STOCKTON ST
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 CDS ☐ Delete
NAME MANUEL, C E
STREET ADDRESS 23255 TURKEY TROT LN
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE PDT ☐ Delete
NAME MANUEL, CLIFFORD E., JR.
STREET ADDRESS 703 STOCKTON STREET
CITY-ST-ZIP BROOKSVILLE, FL

TITLE VD ☐ Delete
NAME LACEY, DONALD R
STREET ADDRESS 1340 GULF BLVD #19G
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Manuel, C E
STREET ADDRESS 23255 Turkey Trot Lane
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Thomas Mountain, Sr.
STREET ADDRESS 23250 Turkey Trot Lane
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford E. Manuel

4/19/07

352-796-9423

Date

Daytime Phone #