

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0827183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000902953  
04/30/08-80027-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANUEL, C E
STREET ADDRESS	23255 TURKEY TROT LN
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	PDT
NAME	MANUEL, CLIFFORD E., JR.
STREET ADDRESS	703 STOCKTON STREET
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	VD
NAME	LACEY, DONALD R
STREET ADDRESS	1340 GULF BLVD #19G
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	V
NAME	MOUNTAIN, SR., THOMAS
STREET ADDRESS	23250 TURKEY TROT LANE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

CLIFFORD E. MANUEL, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08  
Date

(352) 796-9423  
Daytime Phone #