## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 210435**

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: COASTAL	. ENGINEERING ASSOCIATE	S, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	LELIGHT BLVE /ILLE, FL 3460						
Current Mailing Address:			New Maili	New Mailing Address:			
	LELIGHT BLVE (ILLE, FL 3460						
FEI Number:	59-0827183	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
703 STOC	CLIFFORD E. KTON ST ′ILLE, FL 3460		966 CANDI	MANUEL, CLIFFORD E JR 966 CANDLELIGHT BLVD. BROOKSVILLE, FL 34601 US			
	named entity s of Florida.	ubmits this statement for the p	urpose of changing it	ts registered o	ffice or registered agent, or bo	oth,	
SIGNATUR	RE: CLIFFORI	DE MANUEL JR		04/13/2009			
	Electroni	c Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MANUEL, C E 23255 TURKEY BROOKSVILLE,		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PDT () MANUEL, CLIFF 703 STOCKTON BROOKSVILLE,	STREET	Title: Name: Address: City-St-Zip:	PDT (X) MANUEL, CLIFF 966 CANDLELIG BROOKSVILLE	GHT BLVD.		
Title: Name: Address: City-St-Zip:	VD () LACEY, DONAL 1340 GULF BLV CLEARWATER,	'D #19G	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title:	V ()	Delete	Title:	( )	Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLIFFORD E MANUEL JR PDT 04/13/2009

MOUNTAIN, SR., THOMAS

BROOKSVILLE, FL 34601

23250 TURKEY TROT LANE

Name:

Address:

City-St-Zip: