


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90041 030 ***150.00

DOCUMENT # 329097 1. Entity Name COASTAL PLUMBING COMPANY OF MIAMI		
Principal Place of Business <div style="background-color: black; color: black;">██████████</div>		Mailing Address <div style="background-color: black; color: black;">██████████</div>
<i>Moved 10-1-04</i>		
2. Principal Place of Business 1201 N. W. 8th Street Suite, Apt. #, etc.	3. Mailing Address 1201 N. W. 8th Street Suite, Apt. #, etc.	
City & State Pompano Beach, FL	City & State Pompano Beach, FL	
Zip 33069	Country Broward	Zip 33069
Country Broward		Country Broward
4. FEI Number 59-1216123		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent BRINCEFIELD, ROBERT E <div style="background-color: black; color: black;">██████████</div> 1201 N.W. 8th Street <div style="background-color: black; color: black;">██████████</div> Pompano Beach, FL 33069		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<div style="background-color: black; color: white; padding: 5px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div>		
9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>		
TITLE PD	TITLE <input type="checkbox"/> Delete	
NAME BRINCEFIELD, ROBERT E, SR.	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <div style="background-color: black; color: black;">██████████</div> 1201 N.W. 8th Street	STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	
CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div> Pompano Beach, FL	CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	
TITLE VD	TITLE <input type="checkbox"/> Delete	
NAME BRINCEFIELD, ROBERT E. JR.	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2850 NE 23 ST	STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	
CITY-ST-ZIP POMPAHO BEACH FL 33062	CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	
TITLE STD	TITLE <input type="checkbox"/> Delete	
NAME BAIZAN, CHERYL L.	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12781 NW 73 ST	STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	
CITY-ST-ZIP PARKLAND FL 33076	CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	
TITLE <div style="background-color: black; color: black;">██████████</div>	TITLE <input type="checkbox"/> Delete	
NAME <div style="background-color: black; color: black;">██████████</div>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	
CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	
TITLE <div style="background-color: black; color: black;">██████████</div>	TITLE <input type="checkbox"/> Delete	
NAME <div style="background-color: black; color: black;">██████████</div>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	STREET ADDRESS <div style="background-color: black; color: black;">██████████</div>	
CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	CITY-ST-ZIP <div style="background-color: black; color: black;">██████████</div>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert E. Brincefield, Sr.* **Robert E. Brincefield, Sr.** *3-10-05* **954-943-9625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #