

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90386 006 \*\*\*150.00

14014310



04262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 434536</b> 1. Entity Name COASTAL CONSTRUCTION PRODUCTS, INC.					
Principal Place of Business 1901 SERVICE ST. JACKSONVILLE, FL 32207			Mailing Address 1901 SERVICE ST. JACKSONVILLE, FL 32207		
2. Principal Place of Business 3401 Philips Hwy Suite, Apt. #, etc.		3. Mailing Address 3401 Philips Hwy Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32207		Country USA		Zip 32207	
Country USA		Country USA			
6. Name and Address of Current Registered Agent  WILLIAM H HARRELL 1901 SERVICE ST JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3401 Philips Hwy City Jacksonville FL Zip Code 32207		
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ALLCORN, FRANK W IV 1901 SERVICE ST. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 Philips Hwy JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRELL, WILLIAM H 1901 SERVICE ST. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 Philips Hwy JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, BARBARA H 1901 SERVICE ST. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 Philips Hwy JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANTICO, JANICE M 1901 SERVICE ST. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 Philips Hwy JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William H Harrell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/05 904-398-7177 <small>Date Daytime Phone #</small>		