2007 FOR PROFIT CORPORATION

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ANNOAL REPORT				_	Jan 29,	2 00 / (1 0:00 A1
DOCUMENT # 545528 1. Entity Name COASTAL COMMERCIAL BUILDERS, INC.							f State
Principal Place 2082 TUNIS SPRING HILL		Mailing Address 2082 TUNISIA AVE SPRING HILL, FL 34609 US		Manager State of Stat			
	O NOT WRITE	IN THIS SDA		01182007	No Chg-P	CR2E034 (11/05)
				4. FEI Number Applied For Not Applied For Not Applied For			
	A STATE OF THE PROPERTY OF THE				of Status Desired		75 Additional Required
	6. Name and Address of Current Re		<u> </u>			Carrier my estimate	
	ISIA AVE IILL, FL 34609		IN 7	NOT WITHIS SP	ACE	The state of the s	
	named entity submits this statement for th tions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and i	sle il applicable. (NOTE, Registerer	d Agent signature required	when reinstating)		DATE	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution. L. Adde		00 May Be ed to Fees	U000000 02/01/07-		150.00
10.	OFFICERS AND DIF	ECTORS	l		renvia s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVA, VINCENT W. 2082 TUNISIA AVENUE SPRING HILL, FL			 1 15		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				7 <u>7</u> 7 %			
TITLE NAME				··· · · · · · · · · · · · · · · · · ·			र्के हुन्सर अस्तर

STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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/frustee 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 otherwise empowered.

SIGNATURE:

VINCENT OLIVA

SIGNATURE: 🌫

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #