

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558805

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** COASTAL MIDDLE AND SENIOR HIGH SCHOOL, INC.

**Current Principal Place of Business:**

730 5TH ST.  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

730 5TH ST.  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 59-1775306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATTS, GILBERT  
730 5TH ST.  
LAKE PARK, FL 33403 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WATTS, GILBERT  
Address: 730 5TH ST.  
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete  
Name: WATTS, GILDA  
Address: 730 5TH ST.  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

**SIGNATURE:** GILBERT WATTS

**DIRE**

**04/27/2007**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date