

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 578060

1. Entity Name

COASTLAND BUILDING CORP.



FILED

07 DEC 24 PM 4:07

Principal Place of Business

5974 TAYLOR RD
NAPLES FL 34109
US

Mailing Address

PO BOX 11448
NAPLES FL 34101-1448
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1842549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, ROGER H
2828 CRAYTON RD
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FINE, ROGER H	
STREET ADDRESS	2828 CRAYTON RD	
CITY-STATE-ZIP	NAPLES FL 34103	
TITLE	VP	☒ Delete
NAME	FINE, JEFFREY A	
STREET ADDRESS	668-104TH AVE	
CITY-STATE-ZIP	NAPLES FL 34108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	000113115860	
CITY-STATE-ZIP	12/13/07--01041--021 **550.00	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	DOMINIQUE JESTON FINE	
STREET ADDRESS	2828 CRAYTON RD	
CITY-STATE-ZIP	NAPLES FL 34103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	000113115860	
CITY-STATE-ZIP	12/27/07--01016--010 **200.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 (239) 513-9833