

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704194

FILED
Feb 19, 2007
Secretary of State

Entity Name: THE COASTAL ARMS, INC.

Current Principal Place of Business:

1410 S OCEAN BLVD
LAUDERDALE BY THE SEA, FL 33062

New Principal Place of Business:

Current Mailing Address:

1410 S OCEAN BLVD
LAUDERDALE BY THE SEA, FL 33062

New Mailing Address:

FEI Number: 59-0641435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONORATI, GARY
767 S. STATE ROAD 7
#13
MARGATE, FL 33068 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NELSON, HUBERT
Address: 5016 RIDGE ROAD
City-St-Zip: EDINA, MN 55436

Title: TD () Delete
Name: REAGAN, JAMES W
Address: 1455 FARMDALE RD.
City-St-Zip: MENDOTA HEIGHTS, MN

Title: D () Delete
Name: KRESS, JAMES E
Address: 7999 SHADOW HILL DR.
City-St-Zip: LA MESA, CA 91941

Title: DP () Delete
Name: MYERS, BONITA
Address: 1410 S. OCEAN BLVD., F-3
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD () Delete
Name: CARBONNEAU, J. GUY
Address: 559 RUE MAGNAN
City-St-Zip: STE THERESE, QU J7E 2K7

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONITA MYERS

PRES

02/19/2007

Electronic Signature of Signing Officer or Director

Date