
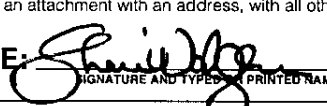


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90009 026 ***558.75

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # F01000006513 1. Entity Name COASTAL MODULAR BUILDINGS, INC. | | | |  | |
| Principal Place of Business 2830 BARRETT AVENUE PERRIS, CA 92571 | | | Mailing Address 2830 BARRETT AVENUE PERRIS, CA 92571 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 | CD GRUBER, EVAN M <input checked="" type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCFO WALGREN, SHARI <input type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALGREN, SHARI <input type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO RHODES, MICHAEL G <input type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RHODES, MICHAEL G <input type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO GRUBER, EVAN M <input checked="" type="checkbox"/> Delete 2830 BARRETT AVENUE PERRIS, CA 92571 | | 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:  | | | PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Shari Walgren | | |
| | | | Date: 9/3/04 (951) 943-4014 | | |