


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 029 ***158.75

DOCUMENT # F06000004135 1. Entity Name COASTWIND PROPERTIES, INC.					
Principal Place of Business PO BOX 701 OLD SAYBROOK, CT 06475			Mailing Address PO BOX 701 OLD SAYBROOK, CT 06475		
2. Principal Place of Business - No P.O. Box # 4 OLD FENWICK ROAD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OLD SAYBROOK		City & State		4. FEI Number 20-1252593	
Zip 06475		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND, JACK 5454 SE MARICAMP ROAD, SUITE B OCALA, FL 34480			7. Name and Address of New Registered Agent Name JACK HOLLAND (NO CHANGE) Street Address (P.O. Box Number is Not Acceptable) 357 LAKE DRIVE LAKE DIAMOND City OCALA FL Zip Code 34472		
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 \$150.00 After May 1, 2007 Fee will be \$550.00		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	DPT HOLLAND, JACK 4 OLD FENWICK ROAD OLD SAYBROOK, CT 06475 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <i>Jack Holland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04.19.07 860.395.1095 <small>Date Daytime Phone #</small>		