

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F28287

1. Entity Name
COASTAL POWER ENGINEERING, INC.



Principal Place of Business
**3728 CATHEDRAL OAKS PL S
JACKSONVILLE, FL 32217 US**

Mailing Address
**3728 CATHEDRAL OAKS PL S.
JACKSONVILLE, FL 32217 US**

FILED
Jul 02, 2008 08:00 AM
Secretary of State



06302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2101833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIM, UI SON
3728 CATHEDRAL OAKS PL S.
JACKSONVILLE, FL 32217**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	KIM, HYON JA
STREET ADDRESS	3728 CATHEDRAL OAKS
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	P
NAME	KIM, UI SON
STREET ADDRESS	3728 CATHEDRAL OAKS
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	M
NAME	JOO, HON KIM
STREET ADDRESS	10756 ORCHARD WALK PLACE
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000953467
07/02/08-80001-003 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/08 904-737-6766