2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F74006

1. Entity Name
COASTAL DEVELOPMENT PLANNING CO.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

DESTIN, FL 32541

36468 EMERALD COAST PKWY SUITE 10101 Mailing Address

36468 EMERALD COAST PKWY SUITE 10101 DESTIN, FL 32541 US



DO NOT WRITE IN THIS SPACE

02032007	No Chg-P	CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2187188
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOULTS, HOWARD RAY 36468 EMERALD COAST PKWY STE. 10101 DESTIN, FL 32541

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, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOULTS, HOWARD RAY 36468 EMERALD COAST PKWY, STE DESTIN, FL 32541	E. 10101					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GWIN, CURTIS H. 36468 EMERALD COAST PKWY. STE DESTIN, FL 32541	E. 10101		000000735638 05/10/07-80041-022 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS				•			

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 divides 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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850-637-0392

Dayuma Phone