

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G42947

1. Entity Name

COAST PARKING AREA MAINTENANCE CORP.



Principal Place of Business

127 PONCE TERRACE CIRCLE
PONCE INLET FL 32127

Mailing Address

127 PONCE TERRACE CIRCLE
PONCE INLET FL 32127

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2374690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OSTERNDORF, RICHARD J.
327 S PALMETTO
DAYTONA BEACH FL 32115

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	DIEMICKE, CAROLYN	
STREET ADDRESS	127 PONCE TERRACE CIRCLE	
CITY ST ZIP	PORT ORANGE FL 32127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIEMICKE JR., AUGUST	
STREET ADDRESS	116 MARIE DR	
CITY ST ZIP	PORT ORANGE FL 32127	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIEMICKE, AUGUST P	
STREET ADDRESS	127 PONCE TERRACE CIRCLE	
CITY ST ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carolyn Diemicke CAROLYN DIEMICKE

Date

Daytime Phone #

1/24/07 386-788-1083