

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66569

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** COASTAL LUMBER & BUILDING SUPPLY, INC.

**Current Principal Place of Business:**

915 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

915 E JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

108 BEAL PARKWAY, S  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

P.O. BOX 75  
NICEVILLE, FL 32588

**FEI Number:** 59-2334497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, PAUL J.  
631 CINCO TERRACE  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOWELL, DONNIE,  
Address: 1300 BAYSHORE DR  
City-St-Zip: NICEVILLE, FL

Title: D ( ) Delete  
Name: ROBERTS, PAUL J.,  
Address: 631 CINCO TERR.  
City-St-Zip: FT. WALTON BCH., FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HOWELL, DONNIE,  
Address: 70 LANMAN ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition  
Name: ROBERTS, PAUL J.,  
Address: 631 CINCO TERR.  
City-St-Zip: FT. WALTON BCH., FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE HOWELL

PRES

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date