


—2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H41327 1. Entity Name COASTAL REALTY OF STUART, INC.	
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Principal Place of Business 4968 SE DIXIE HWY. STUART, FL 34997 US	Mailing Address 4968 SE DIXIE HWY. STUART, FL 34997 US
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2509142	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BYRD, GAIL A. 4968 S.E. DIXIE HWY. STUART, FL 34997
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BYRD, GAIL A. 4968 S.E. DIXIE HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, GAIL A. 4968 S.E. DIXIE HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE DOYEN, M.R. 3650 SE SEA POINT CT. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AVERILL, LESLIE D 248 BETHANY CHURCH RD FAIRVIEW, NC 28730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOSKINS, LYNN 2180 SE LETHA CT. #7 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000518954
05/02/06-80032-013 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **April 18, 2006** (772 287 7033)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #