

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41327

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: COASTAL REALTY OF STUART, INC.

**Current Principal Place of Business:**

4968 SE DIXIE HWY.  
STUART, FL 34997 US

**New Principal Place of Business:**

3650 S.E. SEA POINT COURT  
STUART, FL 34997 US

**Current Mailing Address:**

P O BOX 484  
PORT SALERNO, FL 34992 US

**New Mailing Address:**

FEI Number: 59-2509142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BYRD, GAIL A.  
3650 SE SEA POINT CT  
STUART, FL 34997 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BYRD, GAIL A.,  
Address: 3650 SE SEA POINT CT  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: LE DOYEN, M.R.  
Address: 248 BETHANY CHURCH RD  
City-St-Zip: FAIRVIEW, NC 28730

Title: D (X) Delete  
Name: AVERILL, LESLIE D  
Address: 248 BETHANY CHURCH RD  
City-St-Zip: FAIRVIEW, NC 28730

Title: TVD (X) Delete  
Name: HOSKINS, LYNN D  
Address: 454 COLUMBUS DRIVE  
City-St-Zip: PT ST LUCIE, FL 34953

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TVD (X) Change ( ) Addition  
Name: HOSKINS, LYNN D  
Address: 454 COLUMBUS DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GAIL A. BYRD

PSD

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date