

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 050 ***150.00

DOCUMENT # H82108

1. Entity Name

COASTAL BUILDERS, INC.



Principal Place of Business

28100 US 19 N.
SUITE 511
CLEARWATER FL 33761
US

Mailing Address

28100 US 19 N.
SUITE 511
CLEARWATER FL 34621
US



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

28200 U.S. 19 N

3. Mailing Address

P.O. Box 1465

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CLEARWATER FL

City & State

DUNEDIN FL

4. FEI Number

59-2618204

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

34697

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESSER, JASON K.
28100 US 19 N STE 511
511
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

LESSER, JASON K

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

28200 U.S. 19 N

City

CLEARWATER

FL

Zip Code

33761

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 firm, applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3/9/07

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 PD
NAME LESSER, JASON K. ☐ Delete
STREET ADDRESS 28100 US HWY 19N, STE. 511
CITY-ST-ZIP CLEARWATER FL

TITLE STD
NAME LESSER, MARSHA L. ☐ Delete
STREET ADDRESS 28100 US HWY 19N, STE. 511
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/09/07