

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 037 ***150.00

DOCUMENT # H82108

1. Entity Name
COASTAL BUILDERS, INC.



Principal Place of Business

**28200 US 19 N.
CLEARWATER, FL 33761 US**

Mailing Address

**P.O. BOX 1465
DUNEDIN, FL 34697 US**

4001000



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

29750 U.S. 19 N

3. Mailing Address

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

Zip

33761

Country

Pinellas

Zip

Country

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2618204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LESSER, JASON K.
28200 US 19 N STE 511
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name

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

29750 U.S. 19 N

SUITE 201

City

CLEARWATER FL.

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 NAME ☐ Change ☐ Addition
STREET ADDRESS 29750 U.S. 19 N. SUITE 201
CITY-ST-ZIP CLEARWATER FL. 33761

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 29750 U.S. 19 N SUITE 201
CITY-ST-ZIP CLEARWATER FL. 33761

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
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 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 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

2/6/08 727-785-1195
Date Daytime Phone #