


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J48950</b> 1. Entity Name COASTLINE CABINET COMPANY		
Principal Place of Business 8912 N. FORK DR. N.FORT MYERS, FL 33903	Mailing Address 8912 N. FORK DR. N.FORT MYERS, FL 33903 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LOBDELL, ROBERT H. 828 PEACEFUL DR. FORT MYERS, FL 33917		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOBDELL, ROBERT 828 PEACEFUL DR FORT MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOBDELL, MICHAEL 20539 EDGEWOOD ROAD N. FT. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: <u>Mike Lobdell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/18/07</u> <small>Date</small> <u>235 997-1166</u> <small>Daytime Phone #</small>



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2752252</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000600393  
01/26/07-80007-021 150.00

**DO NOT WRITE  
IN THIS SPACE**