

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90009 049 \*\*\*150.00

**DOCUMENT # J93530**

1. Entity Name

COASTAL WINDOW TINTING, INC.



Principal Place of Business

3496 GULFBREEZE PKWY  
GULF BREEZE FL 32563  
US

Mailing Address

3496 GULFBREEZE PKWY  
GULF BREEZE FL 32563  
US

54019302



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2862628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRNES, CHRIS  
3530 GINGER LANE  
NAVARRE FL 32566

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: SMERT, MICHAEL A  
STREET ADDRESS: 3378 JOANNA DR.  
CITY-ST-ZIP: PACE FL 32571 ☒ Delete

TITLE: President  
NAME: BYRNES, CHRISTOPHER M  
STREET ADDRESS: 3530 GINGER LANE  
CITY-ST-ZIP: NAVARRE FL 32566 ☒ Change ☐ Addition

TITLE: T  
NAME: BYRNES, CHRISTOPHER M  
STREET ADDRESS: 3530 GINGER LANE  
CITY-ST-ZIP: NAVARRE FL 32566 ☐ Delete

TITLE: VICE-PRESIDENT  
NAME: ROBERT R. BYRNES  
STREET ADDRESS: 515 YESTERDAKS CIR  
CITY-ST-ZIP: GULF BREEZE, FL 32561 ☐ Change ☒ Addition

TITLE: ROBERT R. BYRNES  
NAME: 515 YESTERDAKS  
STREET ADDRESS: GULF BREEZE FL  
CITY-ST-ZIP: 32561 ☐ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

TITLE:   
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☐ Change ☐ Addition

TITLE:   
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☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Chris Byrnes* CHRIS BYRNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

(850) 932-4445

Daytime Phone #