

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 013 ***150.00



DOCUMENT # K01201

1. Entity Name

COASTAL REALTY AND ACQUISITION SERVICES, INC.

Principal Place of Business

**800 S NOVA RD, SUITE 0
 ORMOND BEACH FL 32174**

Mailing Address

**800 S NOVA RD, SUITE 0
 ORMOND BEACH FL 32174**



2. Principal Place of Business

1659 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

Daytona Beach, FL

Zip

32117

Country

Volusia

3. Mailing Address

1659 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

Daytona Beach, FL

Zip

32117

Country

Volusia

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2858801

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VELIE, CARL P.
 800 S NOVA RD.
 STE 0
 ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

Name
Carl P. Velie

Street Address (P.O. Box Number is Not Acceptable)
1659 N. Clyde Morris Blvd.

Suite 3

City

Daytona Beach

FL

Zip Code

32117

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 **Carl P. Velie**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

3/22/2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	DPVP	<input type="checkbox"/> Delete
NAME	VELIE, CARL P.	
STREET ADDRESS	800 S NOVA RD, SUITE 0	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VELIE, CARL P.	
STREET ADDRESS	800 S. NOVA RD, STE 0	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velie, Carl P.	
STREET ADDRESS	1659 N. Clyde Morris Blvd., Suite 3	
CITY-ST-ZIP	Daytona Beach, Florida 32117	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velie, Carl P.	
STREET ADDRESS	1659 N. Clyde Morris Blvd., Suite 3	
CITY-ST-ZIP	Daytona Beach, Florida 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Carl P. Velie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2005

Date

(386) 274-4980

Daytime Phone #