


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90062 001 ***150.00

DOCUMENT # K01201

1. Entity Name
COASTAL REALTY AND ACQUISITION SERVICES, INC.



Principal Place of Business
**1659 N CLYDE MARRIS BLVD., STE 3
 DAYTONA BEACH, FL 32117 US**

Mailing Address
**1659 N CLYDE MARRIS BLVD., STE 3
 DAYTONA BEACH, FL 32117 US**

60011950

2. Principal Place of Business
1659 N. Clyde Morris Blvd.

3. Mailing Address
1659 N. Clyde Morris Blvd.

Suite, Apt. #, etc.
Suite 3

City & State
Daytona Beach, FL

Zip
32117

Country
USA



01162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**VELIE, CARL P.
 1659 N CLYDE MARRIS BLVD., STE 3
 DAYTONA BEACH, FL 32117**

4. FEI Number
59-2858801

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Velie, Carl P.

Street Address (P.O. Box Number is Not Acceptable)
1659 N. Clyde Morris Blvd, Suite 3

City
Daytona Beach

State
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:  DATE: **2-2-06**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DPVP VELIE, CARL P. 1659 N CLYDE MARRIS BLVD., STE 3 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP Velie, Carl P. 1659 N. Clyde Morris, Blvd., Suite 3 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELIE, CARL P. 1659 N CLYDE MARRIS BLVD., STE 3 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Velie, Carl P. 1659 N. Clyde Morris Blvd., Suite 3 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2-2-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #