
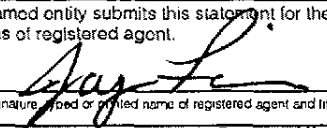
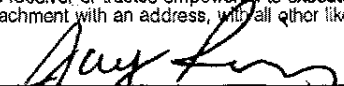


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|  |                        |                                 |   |   |  |
|--|------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # K01851</b><br>1. Entity Name<br><b>CORAL SHORES COMMERCIAL CENTER, INC.</b>  |                        |                                 |   |    |  |
| Principal Place of Business<br><b>90130 OLD HIGHWAY BOX 10<br/>ISLAMORADA FL 33070</b>   |                        |                                 | Mailing Address<br><b>P.O. BOX 848<br/>TAVERNIER FL 33070</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt #, etc.   |                        |                                 | 3. Mailing Address<br>Suite, Apt #, etc.                      |   |  |
| City & State   |                        |                                 | City & State  |   |  |
| Zip  | Country                | Zip                             | Country   | 4. FEI Number <b>65-0103935</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <div style="float: right;"> <b>\$8.75</b> Additional Fee Required         </div>   |                        |                                 |   | 1st MOORE CR2E034 (10/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FRINS, JOSEPH J JR<br/>135 N. AIRPORT RD<br/>TAVERNIER FL 33070</b>  |                        |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                        |                                 |   | DATE <b>2-1-07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                        |                                 |   | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |  |
| TITLE  | PD                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | FRINS, JOSEPH J JR     |                                 | NAME  | U000000616119   |  |
| STREET ADDRESS   | 135 N AIRPORT RD       |                                 | STREET ADDRESS  | 02/07/07-80015-012 150.00   |  |
| CITY - ST - ZIP  | TAVERNIER FL           |                                 | CITY - ST - ZIP   |   |  |
| TITLE  | VD                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | SEVERINGHAUS, GERALD J |                                 | NAME  |   |  |
| STREET ADDRESS   | P O BOX 318            |                                 | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | KEENESBERG CO          |                                 | CITY - ST - ZIP   |   |  |
| TITLE  | TD                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | PINDER, HENRY D        |                                 | NAME  |   |  |
| STREET ADDRESS   | 141 N AIRPORT RD       |                                 | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | TAVERNIER FL           |                                 | CITY - ST - ZIP   |   |  |
| TITLE  | SD                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | RICHARDSON, JOHN H     |                                 | NAME  |   |  |
| STREET ADDRESS   | 116 PLANTATION BLVD    |                                 | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | ISLAMORADA FL 33036    |                                 | CITY - ST - ZIP   |   |  |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                        |                                 | NAME  |   |  |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                        |                                 | CITY - ST - ZIP   |   |  |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                        |                                 | NAME  |   |  |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                        |                                 | CITY - ST - ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                        |                                 |   | DATE <b>2-1-07</b><br><small>Daytime Phone #</small>  |  |