

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90059 016 ***150.00

DOCUMENT # K39759

1. Entity Name
COASTAL CONSTRUCTION OF MONROE, INC.



Principal Place of Business

**5959 BLUE LAGOON DR
STE. 200
MIAMI, FL 33126**

Mailing Address

**5959 BLUE LAGOON DR
STE. 200
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0802683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 S. BAYSHORE DR.
7TH FLOOR
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MURPHY JR, THOMAS P**
STREET ADDRESS **5959 BLUE LAGOON DR., STE. 2000**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **P**
NAME **WHITEMAN, DANIEL E**
STREET ADDRESS **5959 BLUE LAGGON DR., STE. 200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **ST**
NAME **ALDERMAN, KEN R**
STREET ADDRESS **5959 BLUE LAGOON SR., STE. 200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **V**
NAME **MURPHY, THOMAS C**
STREET ADDRESS **5959 BLUE LAGOON DR., STE. 200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **V**
NAME **MURPHY, SEAN M**
STREET ADDRESS **5959 BLUE LAGOON DR., STE. 200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **AS**
NAME **PHILBRICK, LYNN**
STREET ADDRESS **5959 BLUE LAGOON DR., STE. 200**
CITY-ST-ZIP **MIAMI, FL 33126**

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IN THIS SPACE**

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: _____

Ken Alderman **KEN ALDERMAN**

3-26-07

305-559-4900

Date

Daytime Phone #