2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2007 8:00 am DOCUMENT # P00000067648 **Secretary of State** 1. Entity Namo 01-23-2007 90019 020 ***150.00 TEC COASTAL BUILDERS, INC. Principal Place of Business Mailing Address 44 GULF BLVD 44 GULF BLVD SUITE 204 SUITE 204 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business - No P.O. Box # 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-3659392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33771 City 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 partied name of registered appril and little capplicable (NOTE Registered Agent signature recoired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHLE Delete 11111 Change ✓ Addition TECZA, TED NAME NAME 44 GULF BLVD SUITE 204 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CHY ST ZIP CHY SI 7IP шн Delete 11111 Change ☐ Addition NAM NAME SHOFF ADDRESS STREET ADORESS CHY SI-ZIP CHY SI 74P Delete Change Addition STREET ADDRESS STREET ADDRESS CHY ST ZIF CITY ST ZIP Defete HHLE THE Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SEZIE CITY ST ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY St 7IP ☐ Delete шпг Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 eath; 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.

FILED