


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90187 005 \*\*\*150.00

DOCUMENT # P00000077982	
1. Entity Name COASTAL REGIONS GARAGE DOOR INC.	

Principal Place of Business 12 BUNKER VIEW PL PALM COAST, FL 32137	Mailing Address 12 BUNKER VIEW PL PALM COAST, FL 32137
--	--

60035872

2. Principal Place of Business - No P.O. Box # 36 INDIAN SPRINGS DE	3. Mailing Address 36 INDIAN SPRINGS DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State ORMOND BEACH FL.	City & State ORMOND BEACH FL.
Zip 32174	Zip 32174
Country USA	Country USA

04252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3662383	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent LONG, ALAN D 12 BUNKER VIEW PLACE PALM COAST, FL 32137	36 INDIAN SPRINGS DE ORMOND BEACH FL. 32174
---	---

7. Name and Address of New Registered Agent

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT LONG, ALAN D 12 BUNKER VIEW PLACE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	36 INDIAN SPRINGS DE ORMOND BEACH FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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: <u>Alan D. Long</u>	ALAN D. LONG	4-28-08	386 671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Telephone #

1132