

ANNUAL REPORT**DOCUMENT # P00000094210**

1. Entity Name

CORAL COVE DEVELOPMENT, INC.

**FILED**
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 050 ***150.00

Principal Place of Business

5800 GASPARILLA RD, #B-1
BOCA GRANDE, FL 33921

Mailing Address

5718 WESTHEIMER, STE 1806
HOUSTON, TX 77057

04082008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1045944

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**WHITE, HAROLD C
PO BOX 667
137 BONO STREET
CLEWISTON, FL 33440**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, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**TITLE D
NAME IGLESIA, ROBERTO J
STREET ADDRESS 5718 WESTHEIMER RD, STE 1806
CITY-ST-ZIP HOUSTON, TX 77057TITLE P
NAME THORNTON, JOHN P
STREET ADDRESS 5718 WESTHEIMER RD, STE 1806
CITY-ST-ZIP HOUSTON, TX 77057TITLE D
NAME ABELLO, CARLOS
STREET ADDRESS 5718 WESTHEIMER RD, STE 1806
CITY-ST-ZIP HOUSTON, TX 77057TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. P. THORNTON

Date

4-8-08

Daytime Phone #

713-977-5718