2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90104 041 ***150.00

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1. Entity Name
COASTAL GEMS REAL ESTATE, INC.

Principal Place of Business	Mailing Address
P.O. BOX E 84 TALLAHASSEE ST CARRABELLE, FL 32322	P.O. BOX E 84 TALLAHASSEE ST CARRABELLE, FL 32322

400153134

01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675182
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CAROL A
P.O. BOX 931
584 GULF SHORE DR., DOG ISLAND
CARRABELLE, FL 32322

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	WILLIAMS, CAROL A
STREET ADDRESS	84 TALLAHASSEE ST (P.O. BOX E)
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	VICE PRESIDENT
NAME	JAMES ST. CLAIR, SR
STREET ADDRESS	5700 CLEVELAND HWY.
CITY-ST-ZIP	COHUTTA, GA. 30710
TITLE	SEC/
NAME	CAROL ANN WILLIAMS
STREET ADDRESS	84 TALLAHASSEE ST (P.O.B.E)
CITY-ST-ZIP	CARRABELLE, FL. 32322
	SECRETARY
TITLE	TREASURER
NAME	CAROL ANN WILLIAMS
STREET ADDRESS	84 TALLAHASSEE ST, P.O.B. E
CITY-ST-ZIP	CARRABELLE, FL. 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: C. Williams 2/2/07 850-566-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #