

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 039 ***150.00

DOCUMENT # P00000095960	
1. Entity Name COASTAL GEMS REAL ESTATE, INC.	



Principal Place of Business P.O. BOX E 84 TALLAHASSEE ST. CARRABELLE, FL 32322	Mailing Address P.O. BOX E 84 TALLAHASSEE ST CARRABELLE, FL 32322
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01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 108 S.E. AVE. A	3. Mailing Address P.O. BOX E
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc.
City & State CARRABELLE, FL	City & State CARRABELLE, FL
Zip 32322	Zip 32322
Country FRANKLIN	Country FRANKLIN

4. FEI Number 59-3675182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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7. Name and Address of New Registered Agent Name CAROL A. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1268 170 DUNCAN DR. City CRAWFORDVILLE FL Zip Code 32326	
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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 <i>Carol Ann Williams</i> CAROL ANN WILLIAMS 1/17/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P WILLIAMS, CAROL A 84 TALLAHASSEE ST PO BOX E CARRABELLE, FL 32322	
VP ST. CLAIR, SR, JAMES 5700 CLEVELAND HWY COHUTTA, GA 30710	<input type="checkbox"/> Delete
S WILLIAMS, CAROL A 84 TALLAHASSEE ST PO BOX E CARRABELLE, FL 32322	<input type="checkbox"/> Delete
T WILLIAMS, CAROL A 84 TALLAHASSEE ST PO BOX E CARRABELLE, FL 32322	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME PRESIDENT CAROL ANN WILLIAMS 108 S.E. AVE A SUITE B, P.O. BOX E CARRABELLE, FL. 32322	
Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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: <i>Carol Ann Williams</i> 1/17/08 1-850-566-9293 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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