

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095960

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** COASTAL GEMS REAL ESTATE, INC.

**Current Principal Place of Business:**

170 DUNCAN DR.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

170 DUNCAN DR.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-3675182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, CAROL A  
170 DUNCAN DR.  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, CAROL A  
Address: 170 DUNCAN DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: WILLIAMS, CAROL A  
Address: 170 DUNCAN DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S  
Name: WILLIAMS, CAROL A  
Address: 170 DUNCAN DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T  
Name: WILLIAMS, CAROL A  
Address: 170 DUNCAN DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: WILLIAMS, CAROL A  
Address: 170 DUNCAN DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL ANN WILLIAMS

PRES

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date