


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000114520 1. Entity Name COASTAL PROPERTY REPAIRS, INC.		
Principal Place of Business 700 S. JOHN RODES BLVD UNIT D-4 MELBOURNE, FL 32904	Mailing Address PO BOX 2677 MELBOURNE, FL 32902	
DO NOT WRITE IN THIS SPACE		



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3690406	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 DELORIA, PHILLIP T 436 ONTARIO ST NW PALM BAY, FL 32907	DO NOT WRITE IN THIS SPACE
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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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELORIA, PHILLIP T 436 ONTARIO ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELORIA, WENDY E 436 ONTARIO ST NW PALM BAY, FL 32907
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/10/05
Date

321-626-7905
Daytime Phone #