

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000114520

**Entity Name:** COASTAL PROPERTY REPAIRS, INC.

**FILED**  
**Aug 17, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

700 S. JOHN RODES BLVD UNIT D-4  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2677  
MELBOURNE, FL 32902

**New Mailing Address:**

**FEI Number:** 59-3690406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELORIA, PHILLIP T  
436 ONTARIO ST NW  
PALM BAY, FL 32907 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: D ( ) Delete  
Name: DELORIA, PHILLIP T  
Address: 436 ONTARIO ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: DELORIA, WENDY E  
Address: 436 ONTARIO ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DELORIA, PHILLIP T  
Address: 436 ONTARIO ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Change (X) Addition  
Name: GUTHRIE, JAMES JR  
Address: 4260 LAKE GLEN DR.  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** PHILIP DELORIA

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08/17/2005

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

\_\_\_\_\_  
Date