


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3690406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUTHRIE, JAMES JR 4260 LAKE GLEN DR. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80081-017 158.75

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: Phillip T. Deloria **Phillip T. DELORIA** 4/19/07 321-629-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #