

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000115842

1. Entity Name

COASTAL SEALING & WATERPROOFING, INC.



FILED

06 MAY -3 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5918 LARCHWOOD AVE
SARASOTA FL 34231

Mailing Address

5918 LARCHWOOD AVE
SARASOTA FL 34231

2. Principal Place of Business

2450 BRITANNIA RD

Suite, Apt. #, etc.

3. Mailing Address

2450 BRITANNIA RD

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1062639

Applied For

Not Applicable

Zip

34231

Country

U.S.A.

Zip

34231

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

04-20-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BASTIEN, ROBERT R
STREET ADDRESS 5918 LARCHWOOD AVE
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE STD
NAME TRACEY-BASTIEN, MARY
STREET ADDRESS 5918 LARCHWOOD AVE
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BASTIEN, ROBERT R.
STREET ADDRESS 2450 BRITANNIA RD.
CITY-ST-ZIP SARASOTA FL. 34231 ☒ Change ☐ Addition ADDRESS

TITLE STD
NAME TRACEY-BASTIEN, MARY
STREET ADDRESS 2450 BRITANNIA RD.
CITY-ST-ZIP SARASOTA FL. 34231. ☒ Change ☐ Addition ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

04-20-06 (941) 922-9722
Date Daytime Phone #