

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90023 001 ***150.00

DOCUMENT # P01000002816

1. Entity Name
**COASTAL CONSTRUCTION MANAGEMENT OF
SOUTHWEST FLORIDA, INC.**



Principal Place of Business
**540 10TH STREET NORTH
NAPLES, FL 34102**

Mailing Address
**540 10TH STREET NORTH
NAPLES, FL 34102**



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3690894

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEISTER, ROBERT P III
540 10TH STREET NORTH
SUITE 200
NAPLES, FL 34102**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MEISTER, ROBERT P**
STREET ADDRESS **1120 12TH ST N**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **VP**
NAME **MEISTER, ROBERT P JR**
STREET ADDRESS **280 GULF SHORE BLVD S**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **S**
NAME **PACE, BONNIE**
STREET ADDRESS **22081 SEASHORE CIRCLE**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **T**
NAME **MEISTER, JOSHUA**
STREET ADDRESS **1117 MILANO DR**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

239-262-8565

Daytime Phone #