


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000023438
 1. Entity Name
CENTURY 21 FLORIDA COASTAL PROPERTIES, INC.



Principal Place of Business Mailing Address
1439 SHELL POINT RD **1439 SHELL POINT RD**
CRAWFORDVILLE FL 32327 **CRAWFORDVILLE FL 32327**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3673211** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GAUPIN, WILLIAM T
1439 SHELL POINT RD
CRAWFORDVILLE FL 32327

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GAUPIN, WILLIAM T	
STREET ADDRESS	1439 SHELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAUPIN, THELMA G	
STREET ADDRESS	1439 SHELL POINT RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	SCHATSMAN, SUSAN	
STREET ADDRESS	1439 SHELL POINT RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GAUPIN, WILLIAM J	
STREET ADDRESS	1439 SHELL POINT RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000533895	
STREET ADDRESS	05/06/06-80142-001 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **William T Gaupin** 434-06 850-926-781
Signature and Typed Name of Signing Officer or Director Date Daytime Phone #