


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000023438 1. Entity Name CENTURY 21 FLORIDA COASTAL PROPERTIES, INC.		
Principal Place of Business 1439 SHELL POINT RD CRAWFORDVILLE FL 32327		Mailing Address 1439 SHELL POINT RD CRAWFORDVILLE FL 32327
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number 59-3673211 Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
GAUPIN, WILLIAM T 1439 SHELL POINT RD CRAWFORDVILLE FL 32327		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL
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, 2007, Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUPIN, WILLIAM T	NAME
STREET ADDRESS	1439 SHELL POINT RD	STREET ADDRESS
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUPIN, THELMA G	NAME
STREET ADDRESS	1439 SHELL POINT RD.	STREET ADDRESS
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP
TITLE	2VP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATSMAN, SUSAN	NAME
STREET ADDRESS	1439 SHELL POINT RD.	STREET ADDRESS
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUPIN, WILLIAM T.	NAME
STREET ADDRESS	1439 SHELL POINT RD.	STREET ADDRESS
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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: _____		Date: 4-17-07 Daytime Phone #: 850-926-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

