

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000023438 1. Entity Name CENTURY 21 FLORIDA COASTAL PROPERTIES, INC.	
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Principal Place of Business 1439 SHELL POINT RD CRAWFORDVILLE FL 32327	Mailing Address 1439 SHELL POINT RD CRAWFORDVILLE FL 32327
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E034 (10/07)

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
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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 _____
(If not here, typed or printed name of registered agent and title. If applicable. (If not, Registered Agent's signature or person whom he/she designates.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAUPIN, WILLIAM T 1439 SHELL POINT RD CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/14/08-80007-024 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAUPIN, THELMA G 1439 SHELL POINT RD. CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SCHATSMAN, SUSAN 1439 SHELL POINT RD. CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAUPIN, WILLIAM J 1439 SHELL POINT RD. CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and correct, 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 registered agent or an authorized representative of 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 4-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR