

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023438

FILED  
Mar 06, 2011  
Secretary of State

**Entity Name:** CENTURY 21 FLORIDA COASTAL PROPERTIES, INC.

**Current Principal Place of Business:**

1439 SHELL POINT RD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

1439 SHELL POINT RD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 59-3673211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAUPIN, WILLIAM T  
1439 SHELL POINT RD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GAUPIN, WILLIAM T  
Address: 1439 SHELL POINT RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: GAUPIN, THELMA G  
Address: 1439 SHELL POINT RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: 2VP  
Name: SCHATSMAN, SUSAN  
Address: 1439 SHELL POINT RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST  
Name: GAUPIN, WILLIAM T  
Address: 1439 SHELL POINT RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM T. GAUPIN

PRES

03/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date