

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90148 003 ***150.00

DOCUMENT # P01000046101 1. Entity Name COASTAL REAL ESTATE, INC.					
Principal Place of Business 12268 TAMiami TRl E 30+ NAPLES, FL 34113			Mailing Address 12268 TAMiami TRl E 30+ NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box # 8985 STAR TULIP CT. Suite, Apt. #, etc.			3. Mailing Address 8985 STAR TULIP CT. Suite, Apt. #, etc.		
City & State NAPLES, FL Zip 34113			City & State NAPLES, FL Zip 34113		
Country USA			Country USA		
4. FEI Number 65-1102760			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOGGATT, MICHAEL 8985 STAR TULIP CT. NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Michael R Hoggatt</i></u> DATE <u>4/20/08</u> <small>Signature, typed or printed name of registered agent, or title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P HOGGATT, MICHAEL R 8985 STAR TULIP CT NAPLES, FL 34113		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Michael R Hoggatt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/20/08</u> <small>Date</small>		<u>239 272-2211</u> <small>Daytime Phone #</small>