

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057156

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** COASTAL FACILITY PRODUCTS CORP.

**Current Principal Place of Business:**

5507 CHAPARA LN  
HOLIDAY, FL 34690

**New Principal Place of Business:**

5507 CHAPARA LN  
HOLIDAY, FL 34690 UN

**Current Mailing Address:**

PO BOX 3873  
HOLIDAY, FL 34692

**New Mailing Address:**

PO BOX 3873  
HOLIDAY, FL 34692 UN

**FEI Number:** 59-3723876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUHL, MARTIN  
5507 CHAPARA LN  
HOLIDAY, FL 34690 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: MARTIN, STUHL  
Address: 5507 CHAPARA LN  
City-St-Zip: HOLIDAY, FL 34690 UN

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: MARTIN STUHL

PRES

03/04/2011

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

\_\_\_\_\_ Date