

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069664

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: COASTAL PRECAST OF FLORIDA, INC.

## Current Principal Place of Business:

3635 LIBERTY SQ.  
FT. MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

3635 LIBERTY SQ.  
FT. MYERS, FL 33908

## New Mailing Address:

FEI Number: 65-1121053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOVACS, GREG  
3635 LIBERTY SQ.  
FT. MYERS, FL 33908      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MANN, JAMES L  
Address: 14911 DAVID DR.  
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete  
Name: RUSSELL, FRED  
Address: 16234 ANTIGUA WAY  
City-St-Zip: BOKEELIA, FL 33922

Title: P ( ) Delete  
Name: KOVACS, GREG  
Address: 3635 LIBERTY SQ.  
City-St-Zip: FT. MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREG KOVACS

P

01/05/2005

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

\_\_\_\_\_  
Date