

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 018 ***150.00

DOCUMENT # P01000102263

1. Entity Name
COASTAL APPLIANCE REPAIR SERVICE, INC.



Principal Place of Business
7 DUSKIN LANE
ORMOND BEACH, FL 32174

Mailing Address
7 DUSKIN LANE
ORMOND BEACH, FL 32174

50023633



2. Principal Place of Business
7 Deerskin Lane
Suite, Apt. #, etc.

3. Mailing Address
1515 Ridge Wood Ave
Suite, Apt. #, etc.

07252006 Chg-P CR2E034 (11/05)

City & State
Ormond Bch FL
Zip
32174

City & State
Holly Hill FL
Zip
32117

4. FEI Number
59-3749423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOGUIDICE, JOE
1515 RIDGE WOOD AVE STE A
DAYTONA BEACH, FL 32117
Holly Hill

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City & State
Holly Hill FL Zip Code 32117

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 Joe Loguidice 7/17/06
Signature, typed or printed name of registered agent; and fee if applicable. (NOT: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWANDOWSKI, MARK	
STREET ADDRESS	1211 SUWANEE RD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWANDOWSKI, TRACY	
STREET ADDRESS	1211 SUWANEE RD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 Deerskin Lane	
STREET ADDRESS	ORMOND Bch FL 32174	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE: Joe Loguidice 7-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #