2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empe

SIGNATURE:

Feb 08, 2005 8:00 am **Secretary of State** DOCUMENT # P01000115934 1. Entity Name 02-08-2005 90018 012 ***158.75 THE COASTAL BUILDERS GROUP, INC. Principal Place of Business Mailing Address 300 WOODETTE DR 102 E TOWER DUNENDIN FL 34698 300 WOODETTE DR 102 E TOWER 20014192 **DUNENDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3755528 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNON, JOANNE Number is Not Acceptable) 300 WOODETTE DR 102 E TOWER **DUNENDIN FL 34698** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 10 11. CEOD TITLE ☐ Delete TITLE Addition fisher Audre, lane CANNON, JOANNE MAME NAME STREET ADDRESS 300 WOODETTE DR 102 E TOWER STREET ADDRESS FL 33759 CITY-ST-ZIP **DUNENDIN FL 34698** CITY-ST-ZIP **DCFO** Change TITLE TITLE ☐ Addition NAME FISHER, BEVERLY A STREET ADDRESS 300 WOODETTE DR 102 E TOWER STREET ADDRESS CITY-ST-ZIP **DUNENDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify 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 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 hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

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