

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066357

FILED
Apr 27, 2009
Secretary of State

Entity Name: COASTAL DESIGN STUDIO, INC.

Current Principal Place of Business:

151 MARY ESTHER BLVD
405 A
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

151 MARY ESTHER BLVD
405 A
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 02-0632034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENTRY, JANET
151 MARY ESTHER BLVD
SUITE 405A
MARY ESTHER BLVD, FL 32569 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: D () Delete
Name: CARLEE, GEORGIA
Address: 40 GRAND FLORA WAY
City-St-Zip: SANTA ROSA BEACH, FL 32569

Title: D () Delete
Name: HARMAN, SUZANNE
Address: 174 WATERCOLOR WAY #203
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: WRIGHT, LEIGH
Address: 88 TERR. COTTA WAY.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: PORTER-SMITH, KELLY
Address: 237 WEKIVA COVE
City-St-Zip: DESTIN, FL 32550

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEORGIA CARLEE

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date