

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90005 050 \*\*\*150.00

**DOCUMENT # P02000073797**

1. Entity Name

COASTAL GRANITE & MARBLE, INC.



Principal Place of Business

1733 NORTHGATE BLVD.  
SARASOTA FL 34234-2138

Mailing Address

1733 NORTHGATE BLVD.  
SARASOTA FL 34234-2138

**NOTE:**  
**NEW ADDRESS**

2. Principal Place of Business

1718 INDEPENDENCE BLVD.

3. Mailing Address

1718 INDEPENDENCE BLVD.



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

71-0877728

Applied For

Not Applicable

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINOSO, MARIO  
1733 NORTHGATE BLVD.  
SARASOTA FL 34234-2138

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME REINOSO, MARIO  
STREET ADDRESS 1733 NORTHGATE BLVD.  
CITY-ST-ZIP SARASOTA FL 34234-2138

TITLE ST ☐ Delete  
NAME COOLEY, CLYDE J  
STREET ADDRESS 1733 NORTHGATE BLVD.  
CITY-ST-ZIP SARASOTA FL 34234-2138

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04