

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # P03000023160

1. Entity Name  
INTRACOASTAL CONTRACTING, INC.



Principal Place of Business  
861 SOUTH 10TH STREET  
JACKSONVILLE BEACH, FL

Mailing Address  
861 SOUTH 10TH STREET  
JACKSONVILLE BEACH, FL



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0771634

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FOGG, DAVID M  
861 SOUTH 10TH STREET  
JACKSONVILLE BEACH, FL

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REED, DANIEL L 13033 BRIANS CREEK DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD FOGG, DAVID M 861 SO. 10TH STREET JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEBB, THOMAS C 7635 FOUNDERS WAY PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REED, DANIEL L 13033 BRIANS CREEK DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000579009  
01/09/07-80052-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel L. Reed, Pres.

Date

Daytime Phone #

(904)249-8335