

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 041 \*\*\*150.00

**DOCUMENT # P03000023160**

1. Entity Name  
INTRACOASTAL CONTRACTING, INC.



Principal Place of Business

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 302  
JACKSONVILLE, FL 32216

Mailing Address

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 302  
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008

Chg-P

CR2E034 (12/06)

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

REED, DANIEL L  
13033 BRIANS CREEK DRIVE  
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REED, DANIEL L	
STREET ADDRESS	13033 BRIANS CREEK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEBB, THOMAS C	
STREET ADDRESS	7635 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	REED, DANIEL L	
STREET ADDRESS	13033 BRIANS CREEK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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 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	
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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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Lee Reedy - 23-08

(904) 332-8050