

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086022

1. Entity Name
COASTAL CRANE & EQUIPMENT, INC.



Principal Place of Business
**7109 41ST AVE. EAST
BRADENTON, FL 34208**

Mailing Address
**PO BOX 23
BRADENTON, FL 34206-0023**

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0141461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, LAWRENCE W ESQ
6400 MANATEE AVE WEST STE 1
BRADENTON, FL 34209**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	FARAH, STEPHEN J
STREET ADDRESS	7109 41ST AVE E
CITY - ST - ZIP	BRADENTON, FL 34208

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000955254
07/16/08-80008-019 550.00

**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: *Stephen J. Farah*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____