

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 035 ***150.00

DOCUMENT # P03000092812

1. Entity Name

COASTLINE ENVIRONMENTAL, INC.



Principal Place of Business

130 LIMWOOD PL
SUITE #4
ORMOND BEACH FL 32174

Mailing Address

130 LIMWOOD PL
SUITE #4
ORMOND BEACH FL 32174



2. Principal Place of Business

198 South Nova Rd

Suite, Apt. #, etc.

3. Mailing Address

198 South Nova Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ormond Beach, FL

Zip 32174

Country USA

City & State

Ormond Beach, FL

Zip 32174

Country

4. FEI Number

13-4261994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JEFFREY A
130 LIMWOOD PLACE, SUITE 4
ORMOND BEACH FL 32174

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 of person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 DPT ☐ Delete
NAME LUCAS, JEFFREY A
STREET ADDRESS 130 LIMWOOD PLACE, SUITE 4
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DV ☐ Delete
NAME LUCAS, CARLI M
STREET ADDRESS 130 LIMWOOD PLACE, SUITE 4
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE S ☐ Delete
NAME LUCAS, CARLI
STREET ADDRESS 130 LIMWOOD PL, SUITE # 4
CITY-ST-ZIP ORMOND BEACH FL 32174

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey Lucas

Jeffrey Lucas / President

Date

Daytime Phone #

1/31/06 396-676-3179