

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000107003

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** GRAU COASTAL CONSTRUCTION, INC

**Current Principal Place of Business:**

526 N. RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

526 N. RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 03-0529014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAU, M. PATRICIA  
526 N. RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRAU, JASON D  
Address: 800 DOWNING ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: GRAU, JEREMY L  
Address: 128 RANKEN DR  
City-St-Zip: EDGEWATER, FL 32141

Title: D  
Name: GRAU, M. PATRICIA  
Address: 526 N. RIVERSIDE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: GRAU, WILLIAM C JR.  
Address: 526 N. RIVERSIDE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM GRAU

DIR

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date