


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90006 022 ***550.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # P03000132674 1. Entity Name COASTAL TRIM & CABINETS INCORPORATED | | | |  | |
| Principal Place of Business 176 MARIE CIRCLE CRAWFORDVILLE, FL 32327 | | | Mailing Address 176 MARIE CIRCLE CRAWFORDVILLE, FL 32327 | | |
| 2. Principal Place of Business 87 Bay Pine Dr Suite, Apt. #, etc. | | 3. Mailing Address 87 Bay Pine Dr Suite, Apt. #, etc. | | | |
| City & State Crawfordville FL | | City & State Crawfordville FL | | 4. FEI Number 52-2391079 | |
| Zip 32327 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOMAN, SCOTT 176 MARIE CIRCLE CRAWFORDVILLE, FL 32327 | | | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 87 Bay Pine Dr City Crawfordville FL Zip Code 32327 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOMAN, SCOTT 176 MARIE CIRCLE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same Same 87 Bay Pine Dr. Same <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFF HOMAN, JOHN P.O. BOX 1105 CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFF RYAN, JERAHME 30 SHULER ST. EASTPOINT, FL 32328 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Scott Homan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 9-7-06 850-510-8746 <small>Date Daytime Phone #</small> | | |