

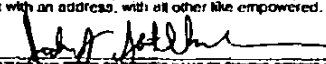
2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/12/2005-90127-014-\$150.00-\$150.00

FILED

05 MAY 24 AM 11: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137077			
1. Entity Name COASTAL FRAME & TRIM, INC.			
Principal Place of Business 2925 CARDINAL DRIVE SUITE C VERO BEACH, FL 32963		Mailing Address 2925 CARDINAL DRIVE SUITE C VERO BEACH, FL 32963	
2. Principal Place of Business 566 Dahlia Ln		3. Mailing Address P.O. Box 643657	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32963		Zip 32964	
County Indian River		County Indian River	
6. Name and Address of Current Registered Agent STALHEBER, JOHN 2925 CARDINAL DRIVE SUITE C VERO BEACH, FL 32963		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	☐ Delete PRES STALHEBER, JOHN J 2925 CARDINAL DRIVE, SUITE C VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRES DAVID C HAWK 566 Dahlia Ln Vero Beach FL 32983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SEC RENEE HAWK 566 Dahlia Ln Vero Beach, FL 32983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		2-3-05 (772) 492-6142	

5/24/05