

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000140520

1. Entity Name
COASTAL GUTTER AND SPECIALTIES, INC.



Principal Place of Business
1302 WOODWARD AVE
PORT SAINT JOE, FL 32456

Mailing Address
1302 WOODWARD AVE
PORT SAINT JOE, FL 32456



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0638809	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

FONTAINE, FREDERICK L
1313 WOODWARD AVE
PORT ST JOE, FL 32456

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000749494
05/18/07-80022-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FONTAINE, FREDERICK L
STREET ADDRESS	1313 WOODWARD AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456

TITLE	DVS
NAME	FONTAINE, DEBORAH
STREET ADDRESS	1313 WOODWARD AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456

TITLE	DT
NAME	FOWLER, WILBUR G
STREET ADDRESS	2000 LONG AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Deborah Fontaine Debbie Fontaine 4-27-07 850-229-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #