

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000146746

1. Entity Name

COAST TO COAST POOL PLASTERING, INC.



Principal Place of Business

129 AMPLE CT
BOX 11
SANFORD FL 32771

Mailing Address

129 AMPLE CT
BOX 11
SANFORD FL 32771



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **80-0089387**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY-CHRISTOPHER
1800 W INTERNATIONAL SPEEDWAY BLVD
BUILDING 2 SUITE 201
DAYTONA BEACH FL 32114

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **THURMAN, TONY**
CITY-ST-ZIP **2758 SANDWELL DRIVE**
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000917048**
CITY-ST-ZIP **05/13/08-80023-020 150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Tony Thurman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 4076778164
Date Designation