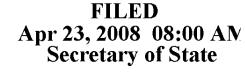
## **2008 FOR PROFIT CORPORATION**

## ANNUAL REPORT (AR) **DOCUMENT # P03000146746** 1. Entity Name

COAST TO COAST POOL PLASTERING, INC.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



			1000	·		
Principal Plac	e of Business	Mailing Address				
129 AMPLE	СТ	129 AMPLE CT				
BOX 11		BOX 11		I IBBIIBBI III BRIBB IIIII BBIII BBIII BBIIII BBIII BRIB IIIII BRIB BIRII BBII BRIBBII BIIIBBI II IBBI		
SANFORD F	-L 32771	SANFORD FL 32771				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		(1001001    00100 (44) 0011 0012 (101) 0010 0111 1053 0(3) 011101    1001		
Suite, Apt. # etc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Number Applied For	$\neg$	
				80-0089387 Not Applica	ble	
Zıp 	Country	Z.p	Gountry	5. Certificate of Status Desired S8.75 Additional Fae Required		
6. Name and Address of Current		t Registered Agent	<b>N</b>	7. Name and Address of New Registered Agent		
KELLY, CHRISTOPHER			Name	Name		
			Street Addre	ess (P.O. Box Number is Not Acceptable)		
DAY	TONA BEACH FL 32114					
			City	FL Zip Code		
		for the purpose of changing its	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acce	pt	
the obligat	ions of registered agent.					
SIGNATURE .	Signature, typod or crimed name of registered ager					
			TE: Registried Ager Lagnature red	iquared when reinstaturg1 DATE	_	
F	ILE NOW!!! FEE IS \$150.00	district control of		9. Election Campaign Financing \$5.00 May 8	3e	
	May 1, 2008 Fee Will Be \$550.0 Repartment			Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addit	ion	
NAME	THURMAN, TONY		NAME CTREET ADDRESS	000000917048 05/13/08-80023-020 150.00		
STREET ADDRESS CITY - ST - ZIP	2758 SANDWELL DRIVE WINTER PARK FL 32792		STREET ADDRESS CITY-ST-ZIP	05/13/08-80023-020 150.00		
TITLE	WATTER FAIR FE DEFOE	☐ Derete	TITLE	☐ Change ☐ Addit		
NAME		LL Deseit	NAME	Change C natio	'UI	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE .		☐ Derete	TITLE	Change C Addit	ion	
NAME STREET LOCATION			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
IIITE		☐ Delete	TITLE	Change Addit		
NAME		□ Derete	NAME	La orange La work	۱ "	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Deiete	TITLE	☐ Change ☐ Additi	ion	
HAME			NAME		- [	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-7IP			CITY-S1-ZIP		_	
TITLE		☐ Devele	TITLE	☐ Change ☐ Addit	ion	
NAME Expert Acrosses			NAME CARCET NOTIFICA			
STREET ADDRESS			STREET ADDRESS			
CITY -ST- ZIP			CITY-ST ZIP			
indicated of the cor	on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that in powered to execute this repo	my signature shall have t ort as required by Chapte	lained in Section 119, Florida Statutes. I further certily that the information the same legal offect as if made under oath, that I am an officer or direct er 607. Florida Statutes; and that my name appears in Block 10 or Block 1	ır İ	
if change	d, or on an attachment with an addre	ss, with all other like empowe	rea.	,		