2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000156203

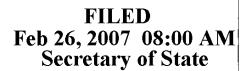
COASTAL PROPERTY AND INVESTMENT, INC.



Mailing Address

Principal Place of Business 778 SCENIC GULF DR., A101 DESTIN, FL 32550

778 SCENIC GULF DR., A101 DESTIN, FL 32550





DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0521476

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A. 5365 E. CO. HWY. 30-A STE. 105 SEAGROVE BEACH, FL 32459

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 bitle if applicable. (NOTE: Registered Agent signature required when (einstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000648364 03/07/07-80030-010 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BARANOWSKI, JOSEPH J 778 SCENIC GULF DR., A101 DESTIN, FL 32550				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling 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 of 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #