

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010139

FILED  
Mar 06, 2008  
Secretary of State

**Entity Name:** COASTAL DEVELOPMENT OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5580 STATE RD 524  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 561110  
ROCKLEDGE, FL 329561110 US

**New Mailing Address:**

**FEI Number:** 47-1612786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLLS, HOWARD  
1881 THESY DR  
VIERA, FL 32940 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: NICHOLLS, HOWARD  
Address: 1881 THESY DR  
City-St-Zip: VIERA, FL 32940

Title: DVT ( ) Delete  
Name: BEAN, JANET K  
Address: 1881 THESY DR  
City-St-Zip: VIERA, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** HOWARD NICHOLLS

PRES

03/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date