2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012873

changed, or on an attachment with ar

SIGNATURE:



FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90420 049 ***150.00 1. Entity Name COASTAL ROOFING & CONSTRUCTION, INC. Principal Place of Business Mailing Address 5555 4TH AVENUE NORTH 3773 CENTRAL AVE ST. PETERSBURG, FL 33710 C555 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0620857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOTE CORRECTION - NEVER WAS RAYMOND WINEBRENNER, KAYMONOXX JACK M Street Address (P.O. Box Number is Not Acceptable) 3773 CENTRAL AVE ST. PETERSBURG, FL 33713 Zin 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE NEVELS, RAYMOND G NAME MAME STREET ADDRESS 5555 4TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE _[] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP exemptions contained in Chapter 119, Florida Statutes, I further certify that the information fature shall have the same legal effect as if made under oath; that I am an officer or director uped by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true and of the corporation or the receiver or trus

RAYMOND NEVELS

2/23/06

727/327-1202