

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000014673	
1. Entity Name COASTAL HOME INSPECTORS, INC.	

Principal Place of Business 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410	Mailing Address 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

04282008 No Ctg-P CR2E034 (11/05)

4. FEI Number
20-0642963Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**SMITH, WILLIAM R
3111 GARDENS EAST DRIVE #15
PALM BEACH GARDENS, FL 33410**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 in printed name of registered agent and file if applicable

(NOTE: Registered agent signature required when not applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing

\$5.00 May fee

Trust Fund Contributions

☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM R 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410
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05/28/08-80005-005 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 I 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #