2007 FOR PROFIT CORPORATION

Mar 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-23-2007 90005 011 ***150.00 DOCUMENT # P04000017902 COASTAL CONSTRUCTION OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 40039716 2245 AMBERLY AVENUE 2245 AMBERLY AVENUE ORLANDO, FL 32833 ORLANDO, FL 32833 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 2419 ALBION AUE 2417 ALBION Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03062007 Chg-P Applied For City & State 4 FEI Number City & State OKLANDO, 45-0533261 Not Applicable O RLANDO Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 32833 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRSYTHE, JOHN FORSYTHE, JOHN Street Address (P.O. Box Number is Not Acceptable) 2245 AMBERLY AVENUE ORLANDO, FL 32833 OKLANDO 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. i Signature, types (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. FORSYTHE, JOHN D. 2417 ALBION AVE (X) Change ☐ Addition TITLE TITLE Defete FORSYTHE, JOHN NAME NAME STREET ADDRESS 2245 AMBERLY AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32833 OKLANDO FL 32833 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete П Срадов ☐ Addition TITLE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED