

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 024 ***150.00



DOCUMENT # P04000058452
1. Entity Name
COASTLINE PAINTING PROFESSIONALS INC

Principal Place of Business: **1525 LOUISIANNA AVE SEBASTIAN, FL 32958**
Mailing Address: **P.O. BOX 0309 ROSELAND, FL 32957**

2. Principal Place of Business - No P.O. Box #: **6100 Pine Sap Ave**
Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: **Grant FL**
Zip: **32949** Country: **Brevard**



01082007 Chg-P CR2E034 (12/06)

4. FEI Number: **20-0365338** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLETT, CHARLES E
1525 LOUISIANNA AVE
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): **6100 Pine Sap Ave**
City: **Grant** State: **FL** Zip Code: **32949**

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]* **C E Willett** DATE: **2/13/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: S <input type="checkbox"/> Delete	NAME: WILLETT, CHARLES E
STREET ADDRESS: P.O. BOX 0309	CITY-ST-ZIP: ROSELAND, FL 32957
TITLE: P <input type="checkbox"/> Delete	NAME: CARROLL, RANDALL
STREET ADDRESS: 701 AMARYLLIS DR	CITY-ST-ZIP: BAREFOOT BAY, FL 32976
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

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.

SIGNATURE: *[Signature]* **C.E. Willett** DATE: **2/13/07** DAYTIME PHONE #: **772 473 4410**