## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # P0400058452  1. Entity Name COASTLINE PAINTING PROFESSIONALS INC							04-11-2008	8 90057	033 ***1	50.00
Principal Plac	e of Business	Mailing Address								
6100 PINE SAP AVE. GRANT, FL 32949		P.O. BOX 0309 ROSELAND, FL 32	•			. ,	1(A) B( P() BB()) = B()( BB()	al <b>Batter</b> werner c	<b>.</b>	<b>P(84)</b> 11 (84)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01112008	Chg-P	CR2E	34 (12/06)	
City & State		City & State	City & State			4. FEI Number 20-0365	338		<u> </u>	oplied For
Zip Country		Zip	Zip Country			5. Certificate of			\$8.75 Add	ditional
-	6. Name and Address of Curre	nt Registered Agent		T		7. Name and A	ddress of New R	teaistered	Fee Require	Ю
-	* **.	2.7. "		Name			,		, , , ,	
6100 PINE	CHARLES E SAP AVE.		Street Addre		ddress (I	P.O. Box Number	is Not Acceptable	e)	······································	
GRANT, F	L 32949						-			
				City				FL	Zip Cod	e
	named entity submits this statement	for the purpose of changing	ng its register	ed office or	register	ed agent, or both.	in the State of Flo		amiliar with,	and accept
the obligat	tions of registered agent.									•
SIGNATURE	Signature, typed or printed name of registered agr	ent and tide if applicable.	(NOTE: Registere	ed Agent signatu	ure required	(who reports had)		DATE		
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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: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF MARE DON DIRECTO

4/8/03 T

112-413-4410

Daytime Phone #