

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061145

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: COASTAL ROOFING AND WATERPROOFING, INC

## Current Principal Place of Business:

P.O. BOX 1729  
STUART, FL 34995

## New Principal Place of Business:

3192 S.E.HAWTHORNE ST.  
STUART, FL 34997

## Current Mailing Address:

P.O. BOX 1729  
STUART, FL 34995

## New Mailing Address:

FEI Number: 41-2132780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OPPER, LLOYD  
10658 27TH AVE  
VERO BEACH, FL 32960      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCDONALD, GORDON  
Address: P.O. BOX 1729  
City-St-Zip: STUART, FL 34995

Title: VD ( ) Delete  
Name: OPFER, LLOYD  
Address: 1065 27TH AVE.  
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete  
Name: OPFER, LESLIE D  
Address: 1065 27TH AVE.  
City-St-Zip: VERO BEACH, FL 32960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON MCDONALD

PD

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date