

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083061

FILED
Mar 03, 2005
Secretary of State

Entity Name: COASTLINE RESIDENTIAL APPRAISALS, INC.

Current Principal Place of Business:

133 N. POMPANO BEACH BLVD. #101
POMPANO BEACH, FL 33062

New Principal Place of Business:

5301 N. FEDERAL HWY
SUITE 335
BOCA RATON, FL 33487

Current Mailing Address:

133 N. POMPANO BEACH BLVD. #101
POMPANO BEACH, FL 33062

New Mailing Address:

5301 N. FEDERAL HWY
SUITE 335
BOCA RATON, FL 33487

FEI Number: 20-1191885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, CHARLES
133 N. POMPANO BEACH BLVD. #101
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

MAMMANO, THOMAS
5301 N. FEDERAL HWY
SUITE 335
BOCA RATON, FL 33487 US

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: THOMAS MAMMANO

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEAVER, CHARLES
Address: 133 N. POMPANO BEACH BLVD. #101
City-St-Zip: POMPANO BEACH, FL 33062

Title: V (X) Delete
Name: MAMMANO, THOMAS
Address: 133 N. POMPANO BEACH BLVD. #101
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAMMANO, THOMAS
Address: 5301 N. FEDERAL HWY, SUITE 335
City-St-Zip: BOCA RATON, FL 33487

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS MAMMANO

PRES

03/03/2005

Electronic Signature of Signing Officer or Director

Date