

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90120 034 \*\*\*150.00

**DOCUMENT # P04000084310**

1. Entity Name  
**COAST 2 COAST CONSTRUCTION, INC.**



Principal Place of Business  
**940 GOLDENROD AVE  
MARCO ISLAND, FL 34145 US**

Mailing Address  
**940 GOLDENROD AVE  
MARCO ISLAND, FL 34145 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1254432**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEWEKER, CHARLES D JR.  
940 GOLDENROD AVE  
MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HEWEKER, CHARLES D JR.**  
CITY-ST-ZIP **940 GOLDENROD AVE  
MARCO ISLAND, FL 34145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-11-05** **2393943900**  
Date Daytime Phone #

**ATTACHMENT**  
**COAST 2 COAST CONSTRUCTION, INC.**  
**940 GOLDENROD AVENUE**  
**MARCO ISLAND, FLORIDA 34145**

#P04000084310  
66024763

July 11, 2005

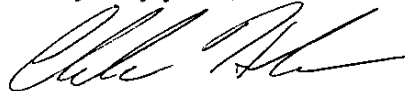
Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Annual Report for Coast 2 Coast  
Construction, Inc.; Document  
Number P04000084310

Gentlemen:

I recently received a notice of pending dissolution for the above entity. When checking my records I found that I had completed the report and sent the filing fee on March 11. Upon contacting the Division of Corporations by email to find out what the problem was, they emailed that the report was returned for corrections. It did not say what corrections were necessary. I then called and found out that the FEI number was missing. Attached is a copy of the e-mails we received. Additionally, attached is the new report containing the FEI number. Please note that I checked my records and do not see where the report was returned to me. I would respectfully request that you would file the corrected report and waive the late fee.

Very truly yours,



Charles D. Heweker  
President

CDH/th  
Enclosures

DOCUMENT # P04000084310



ATTACHMENT

46624763

1. Entity Name COAST 2 COAST CONSTRUCTION, INC.		Principal Place of Business 940 GOLDENROD AVE MARCO ISLAND, FL 34145 US		Mailing Address 940 GOLDENROD AVE MARCO ISLAND, FL 34145 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1254432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEWEKER, CHARLES D JR. 940 GOLDENROD AVE MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWEKER, CHARLES D JR. 940 GOLDENROD AVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Charles D. Heweker</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					

CHARLES D. HEWEKER, JR.  
940 GOLDENROD AVE.  
MARCO ISLAND, FL 3414563-1520/670  
312397

1053

DATE 3-11-05

PAY TO  
THE ORDER OFFlorida Department of State \$ 150.00  
One hundred-fifty dollars and 00/100 DOLLARS  
Royal Palm Bank  
Miami World Banking Center - Miami, Florida  
www.royalpalmbank.com

MEMO

06 70152031 312 3971 1053