


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90029 012 \*\*\*158.75

<b>DOCUMENT # P04000115772</b>		
1. Entity Name <b>COASTLINE YACHT SALES, INC.</b>		
Principal Place of Business <b>2108 S.E. 21ST STREET FORT LAUDERDALE FL 33316</b>		Mailing Address <b>2108 S.E. 21ST STREET FORT LAUDERDALE FL 33316</b>



2. Principal Place of Business - No P.O. Box # <b>1625 South Ocean Lane</b>		3. Mailing Address <b>1625 South Ocean Lane</b>		1st MOORE CR2E034 (10/06)	
Suite, Apt. #, etc. <b>187</b>		Suite, Apt. #, etc. <b>187</b>			
City & State <b>FT Lauderdale FL</b>		City & State <b>FT Lauderdale FL</b>		4. FEI Number <b>76-0775214</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33316</b>	Country <b>BROWARD</b>	Zip <b>33316</b>	Country <b>Broward</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SCHAEFER, C. WILLIAM 2108 S.E. 21ST STREET FORT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS</b> <b>SCHAEFER, C. WILLIAM</b> <b>2108 S.E. 21ST STREET</b> <b>FORT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1625 South Ocean Lane #187</b> <b>Fort Lauderdale FL 33316</b> <input checked="" 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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** C. William Schaefer **C. Wm Schaefer** **3-5-07** **954** **768-0783**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #