

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 006 ***150.00

DOCUMENT # P04000115884

1. Entity Name
**COASTAL CONSTRUCTION OF WEST PALM BEACH,
INC.**



Principal Place of Business
**5959 BLUE LAGOON DR.
STE. 200
MIAMI, FL 33126**

Mailing Address
**5959 BLUE LAGOON DR.
STE. 200
MIAMI, FL 33126**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1701206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DR., 7TH FLOOR
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, THOMAS P JR. 5959 BLUE LAGOON DR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDERMAN, KEN R 5959 BLUE LAGOON DR., STE 200 MIAMI, FL 33126
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ken Alderman **KEN ALDERMAN** 3-26-07 305-559-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #