2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # P04000123232** 05-16-2005 90204 046 \*\*\*150.00 1. Entity Name COASTAL REMODELING AND HANDYMAN SERVICES, INC. Principal Place of Business Mailing Address 151 CYPRESS WAY E **00022327** 151 CYPRESS WAY E NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business Mailing Address 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE) Number Naples Not Applicable \$8.75 Additional Collier 5. Certificate of Status Desired Lallier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name haun toerman LEGALZOOM NEVADA,INC. Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER ST. SUITE 675 **MIAMI FL 33130** City nle5 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 fai the obligations of registered agent. SIGNATURE. Scineture, typed or printed neme of recist (NOTE: Rearstaned Agent signature required when reinstatural FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE TITLE Delete ☐ Change ☐ Addition FOERMAN, SHAUN NAME NAME 151 CYPRESS WAY E, #A101 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZP CITY-ST-ZIP SECR TITLE Delete TITLE ☐ Change ☐ Addition NAME FOERMAN, ASHLEY NAME STREET ADDRESS 151 CYPRESS WAY E. #A101 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE. Deleta TITLE ☐ Changs Addillon NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP-CITY-ST-ZIP THILE Delete HILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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 trustage 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 AND TYPED OR PRINTED NO SIGNATURE:

FILED

Jun 08, 2005 8:00 am

Destana Phone #