



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127009						FILED 05 APR 13 PM 3:13 CLERK OF STATE TALLAHASSEE, FLORIDA					
1. Entity Name COASTAL CONSTRUCTION OF WAKULLA, INC.				Principal Place of Business 497 JACK CRUM ROAD CRAWFORDVILLE, FL 32327							
Mailing Address 497 JACK CRUM ROAD CRAWFORDVILLE, FL 32327											
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 26-0094859				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 AVITABLE, TIM 497 JACK CRUM ROAD CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent							
Name				Street Address (P.O. Box Number is Not Acceptable)							
								City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE P	NAME AVITABLE, TIMOTHY <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS 497 JACK CRUM ROAD	CITY-ST-ZIP CRAWFORDVILLE, FL 32327			STREET ADDRESS	CITY-ST-ZIP						
000053929800 05/06/05--01003--003 **150.00											
TITLE 	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP						
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP						
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STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP						
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS	CITY-ST-ZIP			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: _____				Date: 4-13-05							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>							