## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   | ANNOAL  | . KEFOKI   | ••••           |  | _   |   | בוו בה   |                                    |  |
|---|---|---|--|----------------|--|---|---|--|------------------------------------|--|
| DOCU  |   | # P04000127   |  |                | SECRET   | FILED<br>ARY OF S   | TATE<br>'ATIONS   |  |                                    |  |
| COASTAL CONSTRUCTION OF WAKULLA, INC.         |   |   |  |                |  |   | 06 APR 2  |  | -                                  | '  |
| Principal Plac                                | e of Busines  | 9   | Mailing Address  |                | 1  | 1   |   |  |                                    |  |
| '   |   | •   | •  |                |  |   |   |  |                                    |  |
| 497 JACK CRUM ROAD<br>Crawfordville, FL 32327 |   |   | 497 JACK CRUM ROAD<br>Crawfordville, FL 32327  |                |  |   |   |  |                                    |  |
|   |   |   | Old Williams   | OLULY          |  | <u> </u><br>  |   |  |                                    |  |
| 2. Principal Place of Business                |   |   | 3. Mailing Address   |                |  |   |   |  |                                    |  |
| Suite, Apt. #, etc.                           |   |   | Suite, Apt. #, etc.  |                |  | 04242006  | Chg-P   | CR2E03   | `                                  |  |
| City & State                                  |   |   | City & State   |                |  | 4. FEI Number<br>26-0094  | B59   |  | No                                 | plied For<br>at Applicable               |
| Zip   |   | Country   | Zip  | Country        |  |   | Status Desired  | į,   | 8.75 Add                           |  |
|   | 6. Name   | and Address of Current  | Registered Agent   |                | 7. Name and Address of New Registered Agent Name   |   |   |  |                                    |  |
| AVITABLE                                      | TIM   |   |  |                | Name   |   |   |  |                                    |  |
| 497 JACK CRUM ROAD<br>CRAWFORDVILLE, FL 32327 |   |   |  |                | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |                                    |  |
|   |   |   |  | City           |  | - **  | ·   | <del>-</del>                                       | Zip Code                           |  |
|   |   |   |  |                |  |   |   | FL   |                                    |  |
|   | named entit<br>tions of regis                         |   | r the purpose of changing i  | its register   | ed office or register                              | red agent, or both.   | in the State of Flo   | rida. I am ta:                                     | miliar with,                       | and accept                               |
| SIGNATURE.                                    | Signature, typed                                      | or printed name of registered agent   | and title if applicable. (No   | OTE: Registere | ed Agent signature required                        | d when reinstating)   |   | DATE   | · · · ·                            |  |
|   |   |   |  |                |  |   |   |  |                                    |  |
|   |   | FEE IS \$150.00<br>6 Fee will be \$550.0  | 9. Election Camp<br>Trust Fund Co  | -              |  | .00 May Be<br>led to Fees                                       |   |  |                                    | ļ  |
| 10.   |   | OFFICERS AND  | DIRECTORS  | 11.            |  | ADDITIONS/C   | HANGES TO OFF   | CERS AND D   | DIRECTORS                          | S IN 11                                  |
| TITLE   | Р   | •   | ☐ Delete   | TITL           | E  | <u>-</u> -  |   |  | Change                             | Addition                                 |
| NAME  | AVITABLE, TIMOTHY                                     |   |  |                | IE   |   |   |  | _ •                                | _  |
| STREET ADORESS<br>CITY-ST-ZIP                 | SS 497 JACK CRUM ROAD CRAWFORDVILLE, FL 32327         |   |  |                | EET ADDRESS<br>'- ST- ZIP                          |   |   |  |                                    |  |
| TITLE   |   |   | ☐ Defete   | TITL           |  |   |   |  | Change                             | ☐ Addition                               |
| NAME  |   |   | L Doice  | NAM            |  | C.C   | 100707  |  |                                    |  |
| STREET ADDRESS                                |   |   |  | STRI           | EET ADDRESS  | 05/01.  | 1 <b>007</b> 34<br>10601019                                   | ra. 1-3<br>017                                     | uatan<br>aat∈n                     | 00                                       |
| CITY-ST-ZIP                                   |   |   |  | CITY           | '-\$T-ZIP  | 00,01,  |   | OII  | 7-7-1-30                           | . 00                                     |
| TITLE   |   |   | ☐ Delete   | ŦITL           | E  |   |   | (  | Change                             | ☐ Addition                               |
| NAME  |   |   |  | NAM            |  |   |   |  |                                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP                 |   |   |  |                | EET ADDRESS<br>'-ST-ZIP                            |   |   |  |                                    | {  |
| TITLE   |   |   | ☐ Delete   | -              |  |   |   |  | 7.05                               |  |
| NAME  |   |   | L.J. Delete  | TITE           | 1  |   |   | 1  | _] Change                          | ☐ Addition                               |
| STREET ADDRESS                                |   |   |  |                | EET ADDRESS  |   |   |  |                                    | 1  |
| CITY-ST-ZIP                                   | ]   |   |  | CITY           | '-ST-ZIP   |   |   |  |                                    | İ  |
| TITLE   |   |   | ☐ Delete   | TITL           | E  | 4-394   |   |  | Change                             | Addition                                 |
| NAME  |   |   |  | NAM            | ıE   |   |   | •  | _ ,                                |  |
| STREET ADDRESS                                |   |   |  |                | EET ADDRESS  |   |   |  |                                    |  |
| CITY-ST-ZIP                                   |   |   |  |                | '-ST-ZIP   |   |   |  |                                    |  |
| TITLE   |   |   | ☐ Delete   | TITE           | 1  |   |   | ĺ  | Change                             | Addition                                 |
| NAME<br>STREET ADDRESS                        |   |   |  | NAM            | EET ADDRESS  |   |   |  |                                    |  |
| DINCEL ADDRESS                                |   |   |  | 4              |  |   |   |  |                                    | İ  |
| City-St-7IP                                   |   |   |  | ₩ 1.11.A       | '-ST-7 P I   |   |   |  |                                    |  |
| CITY-ST-ZIP                                   | certify that th                                       | e information supplied with   | this filing does not qualify   |                | emptions contained                                 | 1 in Chanter 110  | Florida Statutos 1  | further news                                       | that the                           | tormation                                |
| 12. I hereby                                  | certify that th<br>I on this report<br>poration or to | e information supplied with<br>it or supplemental report is<br>the receiver or trusted empt<br>achment with an address.             | n this filling does not qualify<br>s true and pacurate and tha<br>owered to execute this Topo<br>with all other like ambowere  | for the ex     | emptions contained                                 | d in Chapter 119,<br>same legal effect<br>7, Florida Statutes;  | Florida Statutes. I<br>as if made under c<br>and that my name | further certify<br>eath; that I am<br>e appears in | that the in<br>an officer          | nformation<br>or director<br>Block 11 if |
| 12. I hereby                                  | l on this repo<br>rporation or t<br>, or on an att    | o information supplied with<br>rt or supplemental report is<br>the receiver or trusted empt<br>achme <del>nt with an</del> address, | n this filing does not qualify the structural and factorizate and the sweetly the structural struct | for the ex     | emptions contained                                 | d in Chapter 119,<br>same legal effect;<br>7, Florida Statutes; | Florida Statutes. I as if made under cand that my name        | further certify ath; that I ame appears in         | that the in an officer slack 10 or | nformation<br>or director<br>Block 11 if |

11/21/25