

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000136926
1. Entity Name
COASTAL CUSTOM CARPENTRY, INC



**FILED
Jul 12, 2006 08:00 AM
Secretary of State**

Principal Place of Business
765 KINGSTON COURT
APOLLO BEACH, FL 33572-2428

Mailing Address
765 KINGSTON COURT
APOLLO BEACH, FL 33572-2428



07022006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1698750	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONE, THEODORE J III
765 KINGSTON COURT
APOLLO BEACH, FL 33572-2428

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	STONE, THEODORE J III
STREET ADDRESS	765 KINGSTON COURT
CITY-ST-ZIP	APOLLO BEACH, FL 335722428

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-06 (813) 645-7381
Date: _____
Daytime Phone #: _____