



**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90026 042 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000155495</b>					
1. Entity Name <b>COASTAL CORPORATE RESIDENCES INCORPORATED</b>					
Principal Place of Business <b>5 MIRACLE STRIP LOOP SUITE 3 PANAMA CITY BEACH, FL 32407 US</b>			Mailing Address <b>5 MIRACLE STRIP LOOP #3 PANAMA CITY BEACH, FL 32407 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	LYNCH-SCHWAB, PAULA				
STREET ADDRESS	400 FLORIDA LANE				
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413				
TITLE	S	<input type="checkbox"/> Delete			
NAME	LYNCH-SCHWAB, PAULA				
STREET ADDRESS	400 FLORIDA LANE				
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413				
TITLE	V	<input type="checkbox"/> Delete			
NAME	MCVEIGH, ROBERT				
STREET ADDRESS	400 FLORIDA LANE				
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413				
TITLE	T	<input type="checkbox"/> Delete			
NAME	MCVEIGH, ROBERT				
STREET ADDRESS	400 FLORIDA LANE				
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 recorder 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:  4.30.07 850 230 0994					
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					