

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166816

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: COASTAL COLORS, INC. OF NORTHEAST FLORIDA

**Current Principal Place of Business:**

1589 MAIN STREET  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1589 MAIN STREET  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 65-1236952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERSONS, ROBERT B JR.  
2215 SOUTH THIRD STREET  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

RICHARDS, JOSEPHINE D  
1589 MAIN STREET  
ATLANTIC BEACH, FL 32233 US

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.

SIGNATURE: JOSEPHINE DENISE RICHARDS      04/19/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: RICHARDS, JOSEPHINE D  
Address: 1633 EAST PARK TERRACE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D      ( ) Delete  
Name: TUCKER, ADELAIDE R  
Address: 41 11TH STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D      ( ) Delete  
Name: RICHARDS, KENNETH G  
Address: 1885 HICKORY LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D      (X) Delete  
Name: HULLENDER, TODD  
Address: 1649 EAST PARK TERRACE  
City-St-Zip: ATLANTIC BEACH, FL 32033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: TUCKER, ADELAIDE R  
Address: 42 11TH STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE DENISE RICHARDS      PRES      04/19/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date