

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90072 018 ***150.00

DOCUMENT # P04000168495

1. Entity Name
COASTAL PARADISE INC.



Principal Place of Business
**131 SOUTHWEST 29TH TERRACE
CAPE CORAL, FL 33914**

Mailing Address
**131 SOUTHWEST 29TH TERRACE
CAPE CORAL, FL 33914**

50065783



2. Principal Place of Business
3049 CLEVELAND AVE

Suite, Apt. #, etc.
270

3. Mailing Address

Suite, Apt. #, etc.

09062005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS, FL

City & State

4. FEI Number
02-0734815

Applied For
Not Applicable

Zip
33901

Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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

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 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTD
WHITMIRE, JOHN
131 SOUTHWEST 29TH TERRACE
CAPE CORAL, FL 33914**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSD
REETHS, BONNIE
131 SOUTHWEST 29TH TERRACE
CAPE CORAL, FL 33914**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: JOHN WHITMIRE JOHN WHITMIRE 9/6/05 239-265-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #