## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # P05000024616** 03-27-2006 90239 030 \*\*\*150.00 COASTAL RESTORATION OF NWF, INC. Principal Place of Business Mailing Address Anns. 3003 N. EAST AVENUE 3003 N. EAST AVENUE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2426543 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3003 N. EAST AVS BARKER, PATRICK J 3003 N. EAST AVENUE PANAMA CITY, FL 32405 <u> 32405</u> Zip Code 8. The above named entity submass 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 a <u>2-20-06</u> SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F ☐ Change Addition JOHNSTON III, Paul C 3003 N. EAST AVE NAME BARKER, PATRICK J NAME STREET ADDRESS 3003 N. EAST AVENUE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Anama City, FL 32405 D TITLE ☐ Defete TITLE ☐ Change ☐ Addition BROOKS, DANIEL W NAME NAME STREET ADDRESS 3003 N. EAST AVENUE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-7IP TITLE ☐ Delete TITE F ☐ Chagge ☐ Addition TAMPELLINI, ALAN NAME 3003 N. EAST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trigstee empoyered 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 laddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

850)527-5358

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

COASTAL RESTORATION OF MWF,INC P.O. BOX 479 LYNN HAVEN, FL 32444

Subject: COASTAL RESTORATION OF MWF,INC

Reference Number:

000000104104

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SS ANNUAL REPORTS SECTION