

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024616

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: COASTAL RESTORATION OF NWF, INC.

## Current Principal Place of Business:

3003 N. EAST AVENUE  
PANAMA CITY, FL 32405

## New Principal Place of Business:

4129 NORTSHORE RD.  
LYNN HAVEN, FL 32444

## Current Mailing Address:

3003 N. EAST AVENUE  
PANAMA CITY, FL 32405

## New Mailing Address:

4129 NORTSHORE RD.  
LYNN HAVEN, FL 32444

FEI Number: 20-2426543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSTON, PAUL C III  
3003 N. EAST AVENUE  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

JOHNSTON, PAUL C III  
4129 NORTSHORE RD.  
LYNN HAVEN, FL 32444 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: PAUL JOHNSTON

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSTON, PAUL C III  
Address: 3003 N. EAST AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: BROOKS, DANIEL W  
Address: 3003 N. EAST AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: TAMPELLINI, ALAN  
Address: 3003 N. EAST AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JOHNSTON, PAUL C III  
Address: 4129 NORTSHORE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: BROOKS, DANIEL W  
Address: 4129 NORTSHORE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: TAMPELLINI, ALAN  
Address: 4129 NORTSHORE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify 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: PAUL JOHNSTON

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date