2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000061006

COAST TO COAST BUILDERS OF FLORIDA, INC.



FILED Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

4835 50TH DRIVE VERO BEACH, FL 32967 Mailing Address

4835 50TH DRIVE VERO BEACH, FL 32967



02242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 87-0744972 Applied For Not Applicable

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

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| MIAMI, FL 33145 | | | IN THIS SPACE | | |
|---|--|---|---|--------------------------------|--|
| | named entity submits this statement for the prions of registered agent. | urpose of changing its registered | office or | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| 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 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Financ Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | U00000842373 03/11/08-80028-005 150.00 |
| 10. | OFFICERS AND DIREC | OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS YOUNG, DAN 4835 50TH DRIVE VERO BEACH, FL 32967 DPT DALES, CHRISTOPHER 4835 50TH DRIVE VERO BEACH, FL 32967 | | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | DO NOT WRITE IN THIS SPACE | | |
| NAME STREET AOORESS CITY-ST-ZIP TITLE NAME | | | | М | THO OF ACE |
| STREET ADDRESS | | j | | | |

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 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP