


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90050 019 \*\*\*150.00

<b>DOCUMENT # P05000072275</b>	
1. Entity Name <b>COASTAL POWER, INC.</b>	

Principal Place of Business <b>3450 METRO PARKWAY UNIT 8 FORT MYERS, FL 33916</b>	Mailing Address <b>3450 METRO PARKWAY UNIT 8 FORT MYERS, FL 33916</b>
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**DO NOT WRITE IN THIS SPACE**

05042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2832143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MOUNTJOY, ROBERT  
3450 METRO PARKWAY  
UNIT 8  
FORT MYERS, FL 33916**

**DO-NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUNTJOY, ROBERT 4172 Castilla Cir #102 Fort Myers FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mountjoy Linda 4172 Castilla Cir #102 Fort Myers FL 33916
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Linda Mountjoy **4-29-07 239-337-7916**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #