2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 02, 2007 8:00 am Secretary of State DOCUMENT # P05000093396 08-02-2007 90011 008 ***150.00 COASTLINE CONSTRUCTION & MAINTENANCE, INC. Principal Place of Business Mailing Address 7802 HOFFY CIRCLE LAKE WORTH FL 33467 7802 HOFFY CIRCLE LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number City & State City & State Applied For 20-3128378 Not Applicable 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 | arm familiar with, and accept the obligations of registered agent DATE eldapilada it elite ana trena pere (NOTE: Requitered Agent signature reduired when reinstating) FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE Addition NAME KADEN, WALTER MAM STREET ADDRESS 7802 HOFFY CIRCLE STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition KADEN, PHYLLIS NAME NAME STREET ADDRESS 7802 HOFFY CIRCLE STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIE TITLE Addition ☐ Defete TITLE Change STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

1-561-488-2442 TEL 1-800-846-5622 TOLL FREE 1-561-488-7146 FAX



8128 CORMYOUR WAY BOYNTON BEACH, FLORIDA 33437

July 28, 2007

Division of Corporations Annual Report Section PO Box 6850 Tallahassee, FL 32314

RE: Coastline Construction & Maintenance, Inc.

Gentlemen;

I am the accountant for the above named corporation. I am enclosing the 2007 Annual Report and a check for \$150.00 My client informed me that he never received the original Annual Report form. I am requesting that the penalty of \$250.00 be waived this time. He has always filed these reports timely.

After reviewing the above information, I hope that you will accep the \$150.00 as timely filed.

Thanking you for your kind consideration in this matter.

Sincerely,

Morton Amster