

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 024 ***158.75

DOCUMENT # P05000094488

1. Entity Name
COASTLINE PROTECTION, INC.



Principal Place of Business
**120 SHORELINE DRIVE
GULF BREEZE, FL 32561**

Mailing Address
**120 SHORELINE DRIVE
GULF BREEZE, FL 32561**

00000000



01222006 Chg-P CR2E034 (11/05)

4. FEI Number **75-3207582** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EHRENREICH, JOHN R
120 SHORELINE DRIVE
GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EHRENREICH, JOHN R
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME EHRENREICH, RACHEL
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EHRENREICH, JOHN J
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SURRATT, AARON
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FLOYD, MATTHEW
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BATES, BENJAMIN F PH.D
STREET ADDRESS 120 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

850-723-8895

Daytime Phone #