

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

000000774450
01/07/08-80015-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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
JOHN R EHRENREICH

1/3/2008

DATE

Daytime Phone #

850-723
8895