

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114613

Entity Name: COASTAL BREESES, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

4492 COQUINA DRIVE  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

## Current Mailing Address:

4492 COQUINA DRIVE  
JACKSONVILLE BEACH, FL 32250 US

## New Mailing Address:

FEI Number: 20-3532246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: CHRISTIAN M. COX, VP

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: REESE, WILLIAM G  
Address: 4492 COQUINA DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: REESE, WILLIAM G  
Address: 4492 COQUINA DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: DVS ( ) Change (X) Addition  
Name: REESE, HEATHER P  
Address: 4492 COQUINA DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. REESE

DPT

04/27/2007

Electronic Signature of Signing Officer or Director

Date