

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90227 035 ***150.00

60033040



04282006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3139917** Applied For
Not Applicable

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

DOCUMENT # P05000116179
1. Entity Name
COASTAL CUTS CLEARING, INC.



Principal Place of Business
470 RUBENS DRIVE EAST
NOKOMIS, FL 34275

Mailing Address
470 RUBENS DRIVE EAST
NOKOMIS, FL 34275

2. Principal Place of Business
21073 Edgewater Dr
Suite, Apt. #, etc.

3. Mailing Address
21073 Edgewater Dr
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip
33952 Country
US

Zip
33952 Country
US

6. Name and Address of Current Registered Agent
GARDNER, KIMETH W
470 RUBENS DRIVE EAST
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent
Name
Kimeth W. Gardner
Street Address (P.O. Box Number is Not Acceptable)
21073 Edgewater Dr
City
Port Charlotte FL Zip Code
33952

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 NAME STREET ADDRESS CITY-ST-ZIP	P MATHENEY, DANIEL E 470 RUBENS DRIVE EAST NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, KIMETH W 470 RUBENS DRIVE EAST NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gardner, Kimeth W. 21073 Edgewater Dr. Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kimeth Gardner* **4/28/06** **941-366-3737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #