

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000136672

1. Entity Name
COASTAL MARBLE POLISHING, INC.



Principal Place of Business
311 SOUTHEAST 15 AVENUE
POMPANO BEACH, FL 33060

Mailing Address
311 SOUTHEAST 15 AVENUE
POMPANO BEACH, FL 33060



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3577890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAUGHN, JACOB
311 SOUTHEAST 15 AVENUE
POMPANO BEACH, FL 33060

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAUGHN, JACOB
STREET ADDRESS	311 SOUTHEAST 15 AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000665103
03/23/07-80014-017 150.00

**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: *Jacob Vaughn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-07