## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90239 028 \*\*\*150.00 DOCUMENT # P05000153340 1. Entity Name COASTAL BUILDING & FRAMING COMPANY Principal Place of Business Mailing Address 2626 21ST AVE. SE 2626 21ST AVE. SE RUSKIN, FL 33570 RUSKIN, FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 20 -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBISON, RON Street Address (P.O. Box Number is Not Acceptable) 2626 21ST AVE. SE RUSKIN, FL 33570 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F ☐ Defete ☐ Change Addition NAME ROBISON, RON NAME 2626 21ST AVE. SE STREET ADDRESS STREET ADDRESS RUSKIN, FL 33570 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition DOLLAWAY, TERRY NAME NAME 2626 21ST AVE. SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RUSKIN, FL 33570** CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME BONILLA, DANIEL A NAME STREET ADDRESS 11915 MESSLER RD. STREET ADDRESS CITY-ST-ZIP GIBSONTON, FL 33534 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME PRETE, JENNIFER M NAME STREET ADDRESS 16833 HARRIERRIDGE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA, FL 33547 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 prostee 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.

ED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

Date

**FILED**