


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90210 036 ***158.75

DOCUMENT # P05000154219

1. Entity Name
CORAL REEF CONTRACTORS, INC.



Principal Place of Business
2532 PARK ST
JACKSONVILLE, FL 32204

Mailing Address
2532 PARK ST
JACKSONVILLE, FL 32204

2. Principal Place of Business
1602 Copeland Street
Suite, Apt. #, etc.
Ste #2
City & State
Jacksonville, FL
Zip
32204
Country
USA

3. Mailing Address
1602 Copeland Street
Suite, Apt. #, etc.
Ste. #2
City & State
Jacksonville, FL
Zip
32204
Country
USA



6. Name and Address of Current Registered Agent
BARKER & BARKER, P.A.
4244 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

4. FEI Number
20-3824949

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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 D HERBST, SCOTT	<input type="checkbox"/> Delete	TITLE NAME P HERBST, SCOTT A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1908 WOODMERE DRIVE		STREET ADDRESS 1908 Woodmere Dr.	
CITY-ST-ZIP JACKSONVILLE, FL 32210		CITY-ST-ZIP Jacksonville, FL 32210	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME V ELIAS, Nicholas K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 3500 University Blvd. #3610	
CITY-ST-ZIP		CITY-ST-ZIP Jacksonville, FL 32277	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME S ELIAS, Kimberly S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 3500 University Blvd #3610	
CITY-ST-ZIP		CITY-ST-ZIP Jacksonville, FL 32277	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Scott A. Herbst SCOTT A. HERBST 4/19/06 (904) 652-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #