05/01/2007 09:50 FAX 3526835506 ROBERT L WILSON CPA

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FILED
Jun 01, 2007 8:00 am
Secretary of State
05-03-2007 90036 042 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158879

1. Entity Name
COASTAL MANUFACTURING & FABRICATION INC.

66017427

Principal Place of Business	Mailing Address
3317 PRINCETON ROAD BROOKSVILLE, FL 34604	3317 PRINCETON ROAD BROOKSVILLE, FL 34604

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3932211 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WITT, DARRELL L
6443 BRANDY DRIVE
SPRING HILL, FL 34604

7. Name and Address of New Registered Agent

Name: DARRELL L WITT
Street Address (P.O. Box Number is Not Acceptable): 10359 JOYCE DR.
City: BROOKSVILLE FL Zip Code: 34601

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITT, DARRELL L 6443 BRANDY DR SPRING HILL, FL 34604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10359 JOYCE DR BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITT, ROXANNE 6443 BRANDY DR SPRING HILL, FL 34604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10359 JOYCE DR. BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Darrell L. Witt 5-29-07 352-799-8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05-01-2007 08:41 COASTAL MANUFACTURING 3527998707 PAGE1