

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158879

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** COASTAL MANUFACTURING & FABRICATION INC.

**Current Principal Place of Business:**

17337 BENES ROUSH RD.  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

16208 CORTEZ BLVD.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

PO BOX 15815  
BROOKSVILLE, FL 34604

**New Mailing Address:**

16208 CORTEZ BLVD.  
BROOKSVILLE, FL 34601

**FEI Number:** 20-3932211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITT, DARRELL L  
10359 JOYCE DR  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WITT, DARRELL L  
Address: 10359 JOYCE DR  
City-St-Zip: BROOKSVILLE, FL 34601

Title: V  
Name: WITT, ROXANNE M  
Address: 10359 JOYCE DR  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROXANNE M WITT

V

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date