

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90019 041 \*\*\*158.75

<b>DOCUMENT # P05000162931</b> 1. Entity Name COASTAL LUXURY TRANSPORTATION, INC.					
Principal Place of Business 309 FOREST HILL BLVD. W. PALM BCH, FL 33405			Mailing Address 309 FOREST HILL BLVD. W. PALM BCH, FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0576198	
5. Certificate of Status Desired				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAYNES, DAVID <del>1700 MIDWAY CIRCLE</del> <del>ROYAL PALM BCH, FL 33411</del>				DAVID M. GAYNES, ESQUIRE 4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711 FL	
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: <u>David M. Gaynes</u> DATE: <u>1/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, NATHAN		NAME		
STREET ADDRESS	309 FOREST HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH, FL 33405		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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: <u>Nathan Sharp</u>			1-31-06 54-762-7289 Date Daytime Phone #		

66008789



01222006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0576198 Applied For Not Applicable

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

GAYNES, DAVID

~~1700 MIDWAY CIRCLE~~  
~~ROYAL PALM BCH, FL 33411~~

DAVID M. GAYNES, ESQUIRE

4327 SOUTH HIGHWAY #27

SUITE NUMBER 404

CLERMONT, FLORIDA 34711 FL

Zip Code

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SIGNATURE: David M. Gaynes

Signature, typed or printed name of registered agent and title if applicable.

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DATE

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Trust Fund Contribution. ☐

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CITY-ST-ZIP W. PALM BCH, FL 33405

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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SIGNATURE: Nathan Sharp  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-31-06 54-762-7289  
Date Daytime Phone #