

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164806

FILED
May 04, 2009
Secretary of State

Entity Name: COASTAL BEACH SERVICE OF NWFL, INC.

Current Principal Place of Business:

141 TIMBER CT
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

141 TIMBER CT
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-3955453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, JOHN R III
141 TIMBER CT
DESTIN, FL 32541 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FITZGERALD, JOHN R III
Address: 141 TIMBER CT
City-St-Zip: DESTIN, FL 32541 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FITZGERALD, KIMBERLY M
Address: 141 TIMBER COURT
City-St-Zip: DESTIN, FL 32511 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY M. FITZGERALD

VP

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date