
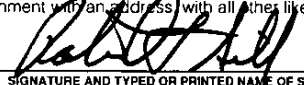


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 022 ***150.00

DOCUMENT # P06000064988 1. Entity Name COASTAL INSULATION, INC.																																																																																															
Principal Place of Business 3260 NW 23RD AVE STE 1000 POMPANO BCH, FL 33069			Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. P.O.DRAWER 60205 FT MYERS, FL 33906																																																																																												
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	4. FEI Number 20-4838939																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																											
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D ESQ. 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																												
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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:  Patrick T. Sill 4/15/07 847-363- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																															

40081833



02072007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4838939

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing
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SIGNATURE:  **Patrick T. Sill** **4/15/07** **847-363-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #