2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P06000095366 COASTAL CUSTOM FLOORS, INC.



Principal Place of Business

Mailing Address

1550 NW 23RD AVE FT LAUDERDALE, FL 33311 1550 NW 23RD AVE FT LAUDERDALE, FL 33311

FILED Apr 14, 2008 08:00 Al Secretary of State



04042008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	20-5234558

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional -Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, GLEN

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FT LAUDERDALE, FL 33311			IN.	THIS SPACE		
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						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution				
10.	OFFICERS AND DIREC	CTORS		The second of the second second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLINGSWORTH, GLEN 1550 NW 23RD AVE FT LAUDERDALE, FL 33311			J000000895362		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/24/08-80065-016 150:00		
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NAME STREET ADDRESS CITY-ST-ZIP			IN THE STATE OF TH	THIS SPACE		
TITLE NAME STREET ADDRESS			The season with the season of the			

12. Thereby 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:

CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Daytime Phone i