

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 22, 2008 8:00 am
Secretary of State

04-17-2008 90035 045 ***150.00

DOCUMENT # P07000032849					
1. Entity Name COASTAL STORM SYSTEMS, INC.					
Principal Place of Business 4332 BOAT CLUB DRIVE JACKSONVILLE, FL 32277			Mailing Address 4332 BOAT CLUB DRIVE JACKSONVILLE, FL 32277		
2. Principal Place of Business - No P.O. Box # SAME			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0647384	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMSON, VOHNDROW E 4332 BOAT CLUB DRIVE JACKSONVILLE, FL 32277			7. Name and Address of New Registered Agent Name SAME 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: <u>Andrew E. Williamson</u> DATE: <u>4/14/08</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMSON, VOHNDROW E 4332 BOAT CLUB DRIVE JACKSONVILLE, FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT WILLIAMSON, VIRGINIA B 4332 BOAT CLUB DRIVE JACKSONVILLE, FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <u>VOHNDROW E. WILLIAMSON</u> <u>Andrew E. Williamson</u> DATE: <u>4/14/08</u> 904-745- <u>3550</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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