

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90015 043 ***150.00

DOCUMENT # P07000039361

1. Entity Name
COAST TO COAST DIMMING & CONTROLS OF FLORIDA, INC.



Principal Place of Business Mailing Address
150 112TH AVE NE 150 112TH AVE NE
ST. PETERSBURG, FL 33716 US ST. PETERSBURG, FL 33716 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
115 112TH AVE NE **115 112TH AVE NE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
410 **410**

City & State City & State
ST PETERSBURG, FL **ST PETERSBURG, FL**
Zip Country Zip Country
33716 **USA** **33716** **USA**

03172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-8741841 Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JOSEPH E
150 112TH AVE NE
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
115 112TH AVENUE # 410
City **ST PETERSBURG** FL Zip Code **33716**

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 *Joseph E. Murphy* DATE **3-17-08**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE P ☐ Delete
NAME **MURPHY, JOSEPH E**
STREET ADDRESS **150 112TH AVE NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **115 112TH AVENUE # 410**
CITY-ST-ZIP **ST PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: *Joseph E. Murphy* **JOSEPH E. MURPHY President 3-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

727-403-2525