

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090407

FILED
Mar 25, 2009
Secretary of State

Entity Name: COASTAL DEVELOPMENT AND UTILITIES, INC.

Current Principal Place of Business:

3637 STATE ROAD 44
NEWSMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

3637 STATE ROAD 44
NEWSMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 14-2005506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINSLEY, COLETTE
410 HANNAN JEANNE CIRCLE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

LINSLEY, COLETTE
3637 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168 US

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: COLETTE LINSLEY

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEPHART, JONATHAN
Address: 1709 ARASN CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: LINSLEY, CHRISTOPHER
Address: 3637 STATE ROAD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: LINSLEY, COLETTE
Address: 3637 STATE ROAD 44
City-St-Zip: NEWSMYRNA BEACH, FL 32168

Title: T () Delete
Name: KEPHART, CHRISTINA
Address: 1709 ARASH CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: COLETTE LINSLEY

S

03/25/2009

Electronic Signature of Signing Officer or Director

Date