

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000090407

**FILED**  
**Aug 02, 2012**  
**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  
3637 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: LINSLEY, CHRISTOPHER  
Address: 3637 STATE ROAD 44  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

Title: DIR  
Name: SCHLAGETER, CHRI T  
Address: 3637 STATE ROAD 44  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: COLETTE LINSLEY

S

08/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date