

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028926

FILED
Apr 01, 2009
Secretary of State

Entity Name: COASTAL KITCHEN CREATIONS, INC.

Current Principal Place of Business:

1507 AURORA ROAD
SUITE C
MELBOURNE, FL 32935

New Principal Place of Business:

2860 KIRBY CIRCLE
UNIT 16
PALM BAY, FL 32905

Current Mailing Address:

1507 AURORA ROAD
SUITE C
MELBOURNE, FL 32935

New Mailing Address:

2860 KIRBY CIRCLE
UNIT 16
PALM BAY, FL 32905

FEI Number: 26-2209483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, CHRISTOPHER R
1507 AURORA ROAD
SUITE C
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

LEACH, CHRISTOPHER R
2860 KIRBY CIRCLE
UNIT 16
PALM BAY, FL 32905 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:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEACH, JAMES A
Address: 2948 GARDEN TERRACE NE
City-St-Zip: PALM BAY, FL 32905

Title: STD () Delete
Name: SANDIFORD, BRIAN A
Address: 951 BURN DRIVE NE
City-St-Zip: PALM BAY, FL 32905

Title: VPD () Delete
Name: LEACH, CHRISTOPHER R
Address: 2948 GARDEN TERRACE NE
City-St-Zip: PALM BAY, FL 32905

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:

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: BRIAN SANDIFORD

STD

04/01/2009

Electronic Signature of Signing Officer or Director

Date