

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108473

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COASTAL ARCHAEOLOGY & HISTORY RESEARCH INC

**Current Principal Place of Business:**

411 SW 10TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

411 SW 10TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 26-3895033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEFELICE, MATTHEW A  
411 SW 10TH STREET  
FORT LAUDERDALE, FL 33315 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: DEFELICE, MATTHEW A  
Address: 411 SW 10TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SEC  
Name: DEFELICE, COLLEEN A  
Address: 421 MARL ROAD  
City-St-Zip: COLTS NECK, NJ 07722

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: MATTHEW DEFELICE

PRES

04/30/2012

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

\_\_\_\_\_  
Date