


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 - 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P16051</b> 1. Entity Name <b>COASTAL MATERIALS OF ALABAMA, INC.</b>	
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Principal Place of Business <b>157 JOHN SIMS PARKWAY VALPARAISO, FL 32580</b>	Mailing Address <b>PO BOX 447 VALPARAISO, FL 32580 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**FLEMING, CAROLYN D  
500 GULFSHORE DRIVE  
UNIT 622  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLEMING, CAROLYN D. 500 GULF SHORE DRIVE DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEMING, WILLIAM M 500 GULFSHORE DR., #622 DESTIN, FL
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Carolyn D. Fleming 3/30/04 (850) 678-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #