

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P16051

1. Entity Name
COASTAL MATERIALS OF ALABAMA, INC.



Principal Place of Business
157 JOHN SIMS PARKWAY
VALPARAISO, FL 32580

Mailing Address
PO BOX 447
VALPARAISO, FL 32580 US



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1385139

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, CAROLYN D
500 GULF SHORE 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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLEMING, CAROLYN D.
STREET ADDRESS 500 GULF SHORE DRIVE
CITY-ST-ZIP DESTIN, FL

TITLE STD
NAME FLEMING, WILLIAM M
STREET ADDRESS 500 GULF SHORE DR., #622
CITY-ST-ZIP DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100000291976
04/07/05-80051-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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 Carolyn D. Fleming 4/5/05 (850) 679-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #