


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 018 ***150.00

DOCUMENT # P94000013143			
1. Entity Name COASTAL REPROGRAPHICS, INC.			
Principal Place of Business 7999 PHILLIPS HIGHWAY SUITE #202 JACKSONVILLE, FL 32256		Mailing Address 7999 PHILLIPS HIGHWAY SUITE #202 JACKSONVILLE, FL 32256	
2. Principal Place of Business		3. Mailing Address 5005 W. Laurel St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 216	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607	Country	Zip 33607	Country Hillsborough
6. Name and Address of Current Registered Agent KORMAN, MARTHA 7999 PHILLIPS HWY #202 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KORMAN, MARTHA 8081 PHILLIPS HIGHWAY, #21 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILLIAMS, GREG 5830 C WEST CYPRESS ST TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAVALA, CARMEN R 5830 C WEST CYPRESS ST TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Marta Korman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/27/06</u> Daytime Phone: _____	

50005709



03202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3224651 Applied For Not Applicable

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

ATTACHMENT

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* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING *

OPTION 3 - ***Receive a form by mail*** - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address. — — —
- Affix postage on reverse side and mail.

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COASTAL REPROGRAPHICS, INC.
7999 PHILLIPS HIGHWAY
SUITE #202
JACKSONVILLE FL 32256-7499

5005 W Laurel St
Suite 216
Tampa, FL 33607

