

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019924

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: COASTAL HOMES OF FLORIDA, INC.

## Current Principal Place of Business:

5865 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967

## New Principal Place of Business:

39 TREASURE CIRCLE  
SEBASTIAN, FL 32958

## Current Mailing Address:

5865 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967

## New Mailing Address:

39 TREASURE CIRCLE  
SEBASTIAN, FL 32958

FEI Number: 59-3254157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAQUETTE, PIERRE  
5865 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAQUETTE, CHRISTIAN  
Address: 5865 PINE RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: DS ( ) Delete  
Name: PAQUETTE, PIERRE  
Address: 5865 PINE RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: DV ( ) Delete  
Name: ST-ONGE, THERESE  
Address: 5865 PINE RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

## 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 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: CHRISTIAN PAQUETTE

DP

04/15/2006

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

\_\_\_\_\_  
Date