

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P94000067271

1. Entity Name

COASTAL CONTROLS & DRIVES INC.



Principal Place of Business

3376-C SUNSET KEY CIRCLE
PUNTA GORDA FL 33955

Mailing Address

3376-C SUNSET KEY CIRCLE
PUNTA GORDA FL 33955



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3275785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS C. JACKSON
3376C SUNSET KEY CR
PUNTA GORDA FL 33955

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

Signature, typed or printed name of registered agent and state, if applicable

NOTE: Registered Agent signature required when terminating

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	JACKSON, DOUGLAS C	
STREET ADDRESS	3376C SUNSET KEY CR	
CITY- ST- ZIP	PUNTA GORDA FL 33955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARR, KIM A	
STREET ADDRESS	509 LAKEWOOD COURT	
CITY- ST- ZIP	CANTON GA 30114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		

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02/01/08-80008-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DocId

Payable From #

941-639-9720