


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # P95000059377</b> 1. Entity Name <b>G &amp; D COASTAL ENTERPRISES, INC.</b>																											
Principal Place of Business <b>1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334</b>			Mailing Address <b>1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334</b>																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																								
City & State			City & State																								
Zip		Country		Zip																							
Country		Country		4. FEI Number <b>65-0604601</b> Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)																							
6. Name and Address of Current Registered Agent  <b>DUSSEAUT, GLEN A 1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																							
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</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY ST ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><b>DUSSEAUT, GLEN A</b></td> <td><b>1751 N.E. 64TH STREET</b></td> <td><b>FORT LAUDERDALE FL 33334</b></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete		<b>DUSSEAUT, GLEN A</b>	<b>1751 N.E. 64TH STREET</b>	<b>FORT LAUDERDALE FL 33334</b>	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY ST ZIP</td> <td style="width: 10%; text-align: right;">Change</td> <td style="width: 10%; text-align: right;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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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.																											
<b>SIGNATURE:</b> <u>Glen Dusseault</u> <b>Glen Dusseault</b> 1-22-07 954609245																											