

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068344

Entity Name: COASTAL LIMITED, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

855 ST. JOHNS BLUFF RD
SKY HARBOR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

PO BOX 16247
JACKSONVILLE, FL 322456247

New Mailing Address:

FEI Number: 59-3561795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, LOU J
855 S UNIVERSITY DR
SUITE 198
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

ADAMSON, WILLIAM L
2228 SHADY CREEK DRIVE
JACKSONVILLE, FL 32223 US

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: WILLIAM ADAMSON

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMSON, WILLIAM L
Address: 855 ST JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: JOHNSON, JEFFREY A
Address: 855 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD () Delete
Name: MCCALL, RICK
Address: 855 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

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 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: WILLIAM L. ADAMSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date