

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 041 ***150.00

DOCUMENT # P95000070085

1. Entity Name

COASTAL PIPELINE, INC.



Principal Place of Business

303 JIM MORAN BLVD
STE B
DEERFIELD BEACH FL 33442
US

Mailing Address

303 JIM MORAN BLVD
STE B
DEERFIELD BEACH FL 33442
US



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 **65-0609096**

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

LIEFER, JEFFREY R.
4115 NW 59TH STREET
POMPANO BEACH FL 33073

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

JEFFREY R. LIEFER

1/25/08

(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 **P** ☐ Delete
NAME **LIEFER, JEFFREY R.**
STREET ADDRESS **4115 NW 59 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LIEFER, ROY**
STREET ADDRESS **600 GREENSWARD LANE # 101**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **V** ☒ Change ☐ Addition
NAME **LIEFER, ROY**
STREET ADDRESS **6303 STANLEY LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JEFFREY R. LIEFER

JEFFREY R. LIEFER

1/25/08

954-425-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #