

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000077314

1. Entity Name
COASTAL PAPER & CHEMICAL SUPPLY, INC.



Principal Place of Business
**864 SE 46TH LANE
CAPE CORAL, FL 33904 US**

Mailing Address
**864 SE 46TH LANE
CAPE CORAL, FL 33904 US**

Florida Dept of State



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0624621

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BARKER, GREG W
864 S.E. 46TH LANE
CAPE CORAL, FL 33914**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARKER, GREG W**
STREET ADDRESS **364 S.E. 46TH LANE**
CITY- ST- ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U00000807395
02/07/08-80005-026 150.00**

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 Chapter 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

Date

Daytime Phone #

1/31/08 239-542-1970