

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043053

FILED
Mar 20, 2008
Secretary of State

Entity Name: COASTAL DISASTER RESPONSE, INC.

Current Principal Place of Business:

310 10TH AVE N
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21611
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-3418016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGT, JEFFERY
310 10TH AVE N
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: VOGT, JEFFERY
Address: 310 10TH AVE N
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P () Delete
Name: DELGADO, STEPHEN
Address: 411 HARBORVIEW LN
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: VOGT, JEFFERY
Address: 310 10TH AVE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change () Addition
Name: DELGADO, STEPHEN
Address: 310 TENTH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 33770

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: JEFFERY D. VOGT

CEO

03/20/2008

Electronic Signature of Signing Officer or Director

Date