

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90308 013 ***150.00

DOCUMENT # P96000088402

1. Entity Name
COASTAL CAULKING & COATING, INC.



Principal Place of Business
**1412 NE 57TH STREET
FT. LAUDERDALE, FL 33334**

Mailing Address
**1412 NE 57TH STREET
FT. LAUDERDALE, FL 33334**

2. Principal Place of Business
524 Piney Island Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fernandina Beach FL
Zip **32034** Country

City & State
Zip Country

01202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0703707 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CANELLA, SHARON J
2911 NE 53RD COURT
LIGHTHOUSE PT., FL 33064**

7. Name and Address of New Registered Agent

Name **Sharon Canella**
Street Address (P.O. Box Number is Not Acceptable)
524 Piney Island Dr.
City **Fernandina Beach FL** Zip Code **32034**

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 **Sharon Canella Sharon Canella Vice President** DATE **4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CAVE, ROBERT E**
STREET ADDRESS **2911 NE 53RD CT**
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

TITLE **VSTD** ☐ Delete
NAME **CANELLA, SHARON J**
STREET ADDRESS **2911 NE 53RD CT**
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **524 Piney Island Dr.**
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **524 Piney Island Dr.**
CITY-ST-ZIP **Fernandina Bch FL 32034**

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Sharon Canella VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 Date

954 783-5830 Daytime Phone #