

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-08-2006 90173 040 ***150.00

DOCUMENT # P97000022617

1. Entity Name
COASTAL CARPET CLEANERS OF BAY CO., INC.



Principal Place of Business
3003 N EAST AVE
PANAMA CITY, FL 32405

Mailing Address
PO BOX 479
LYNN HAVEN, FL 32444

66007251



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAMPELLINI, ALAN
P.O. BOX 479 3003 N EAST AVE.
LYNN HAVEN, FL 32444 Panama City FL
32404

**DO NOT WRITE
IN THIS SPACE**

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)

2-28-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOKS, DANIEL 3003 N EAST AVENUE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAMPELLINI, ALAN 1607 VERMONT AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Johnston, Paul 3003 N. East Ave Panama City, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2-28-06

Date

Daytime Phone #



ATTACHMENT
66007251

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

COASTAL CARPET CLEANERS OF BAY CO., INC.
PO BOX 479
LYNN HAVEN, FL 32444

Subject: COASTAL CARPET CLEANERS OF BAY CO., INC.

Reference Number: P97000022617

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION