

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3003 N. East Ave. Suite, Apt. #, etc.			
City & State Zip		City & State Panama City FL 32405 Zip		4. FEI Number 59-2870557	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAMPELLINI, ALAN 3003 NORTH EAST AVE PANAMA CITY, FL 32404				7. Name and Address of New Registered Agent 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 resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-STATE-ZIP	P BROOKS, DANIEL 3003 N EAST AVENUE PANAMA CITY, FL 32404	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP TAMPELLINI, ALAN 1607 VERMONT AVE LYNN HAVEN, FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP JOHNSTON, PAUL 3003 NORTH EAST AVE PANAMA CITY, FL 32405	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	☐ Delete			
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 667, 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: _____ 4/20/07 850 265 6475 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					