

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended  
FILED

10/2

05 DEC -5 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08302005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3478853

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

EAKIN, PAUL M ESQ  
599 ATLANTIC BLVD  
STE 4  
ATLANTIC BEACH, FL 32233

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUKE, THOMAS L	
STREET ADDRESS	10745 ALTA DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	DENIS, BETH	
STREET ADDRESS	10745 ALTA DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Elizabeth E. Denis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Elizabeth E. Denis President

12-1-05 (904) 425-4085  
Date Daytime Phone #

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AFFIDAVIT OF PAUL M. EAKIN

STATE OF FLORIDA     )  
                                  )  
COUNTY OF DUVAL     )

**BEFORE ME**, the undersigned authority, personally appeared Paul M. Eakin, Esquire who being by me first duly sworn, deposes and says:

1. My name is Paul M. Eakin, and I am the record custodian of the corporate records of Coastal Utilities Contracting, Inc. I have personal knowledge of the matters contained in this Affidavit.

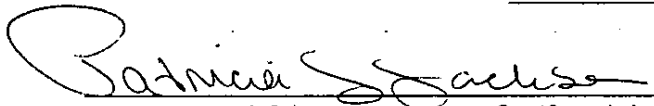
2. Attached is a true and accurate copy of the Minutes of Special Meeting of the Board of Directors for Coastline Utility Contractors, Inc. dated March 11, 2005.

3. Thomas L. Luke resignation was accepted as of March 11, 2005 and he has not been a director of Coastline Utility Contractors, Inc., since that time.

  
\_\_\_\_\_  
PAUL M. EAKIN

Sworn to and subscribed before me the undersigned authority this 31<sup>st</sup> day of August, 2005.

- ☒ Affiant is personally known to me.
- ( ) Affiant has produced the following as identification: \_\_\_\_\_

  
\_\_\_\_\_  
Notary Public, State of Florida  
at Large  
My Commission Expires:

