

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000100029

1. Entity Name

COASTAL HOMES OF SOUTH FLORIDA, INC.



Principal Place of Business

5959 BLUE LAGOON DR STE 200
MIAMI, FL 33126

Mailing Address

5959 BLUE LAGOON DR STE 200
MIAMI, FL 33126



03272008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1064794

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI, FL 33133

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MURPHY, THOMAS P JR
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD
NAME MURPHY, THOMAS C
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE ST
NAME ALDERMAN, KEN R
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD
NAME MURPHY, SEAN
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE P
NAME WHITEMAN, DANIEL E
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE AS
NAME PHILBRICK, LYNN
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

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04/22/08-80060-017 150.00

**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: *Ken Alderman* **KEN ALDERMAN**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3-28-2008

DATE

305-559-4900

Daytime Phone #