

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 023 ***150.00

DOCUMENT # P98000015749

1. Entity Name

COASTAL LOCK, SAFE AND SECURITY, INC.



Principal Place of Business

679 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

Mailing Address

PO BOX 330932
ATLANTIC BEACH FL 32233

2. Principal Place of Business

2549 Beautyberry Cir. W

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32246

USA

Country

4. FEI Number

59-3495456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORDIN, DAVID
2549 BEAUTYBERRY CIR. W.
JACKSONVILLE FL 32246

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

Dawn Schmidt Bordin

(NOTE: Registered Agent signature required when reinstating)

3/18/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BORDIN, DAVID
STREET ADDRESS PO BOX 330932
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE S ☐ Delete
NAME SCHMIDT, DAWN
STREET ADDRESS PO BOX 330932
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE T ☐ Delete
NAME BORDIN, KATHY A
STREET ADDRESS P.O. BOX 330932
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/18/06

Date

904-247-3104

Daytime Phone #