

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062266

FILED
Jan 24, 2005
Secretary of State

Entity Name: COASTAL CONTRACTING OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2538 HALPERNS WAY
MIDDLEBURG, FL 32068

New Principal Place of Business:

3491 PALL MALL DR.
201
JACKSONVILLE, FL 32257

Current Mailing Address:

2538 HALPERNS WAY
MIDDLEBURG, FL 32068

New Mailing Address:

3491 PALL MALL DR.
201
JACKSONVILLE, FL 32257

FEI Number: 59-3523922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESDALE, PETER A
2538 HALPERNS WAY
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

ESDALE, PETER A
3491 PALL MALL DR.
201
JACKSONVILLE, FL 32257 US

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.

SIGNATURE:

01/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESDALE, PETER A
Address: 2538 HALPERNS WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: LARSSON, MATTIAS
Address: 2538 HALPERNS WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: ESDALE, CHERYL A
Address: 2538 HALPERNS WAY
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESDALE, PETER A
Address: 3491 PALL MALL DR. #201
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change () Addition
Name: LARSSON, MATTIAS
Address: 3491 PALL MALL DR. # 201
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change () Addition
Name: ESDALE, CHERYL A
Address: 3491 PALL MALL DR. # 201
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. ESDALE

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date