## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000062266

3491 PALL MALL DR. # 201

JACKSONVILLE, FL 32257

Address: City-St-Zip:

Entity Name: COASTAL CONTRACTING OF NORTH FLORIDA, INC.

FILED Feb 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3491 PALL MALL DR.				3491 PALL MALL DR. # 201		
201 JACKSONVILLE, FL 32257				201 JACKSONVILLE, FL 32257		
Current Mailing Address:				New Mailing Address:		
3491 PALL MALL DR.				3491 PALL MALL DR. #201		
201 JACKSONVILLE, FL 32257				201 JACKSONVILLE, FL 32257		
FEI Number:	: 59-3523922	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ESDALE, PETER A 3491 PALL MALL DR.				ESDALE, PETER A 3491 PALL MALL DR. # 201		
201 JACKSONVILLE, FL 32257 US				201 JACKSONVILLE, FL 32257 US		
	named entity e of Florida.	submits this statement for the	purpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				02/12/2008		
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ESDALE, PET 3491 PALL M JACKSONVILI	ALL DR. #201		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( LARSSON, MA 3491 PALL MA JACKSONVILI	ALL DR. # 201		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ( ESDALE, CHE	) Delete RYL A		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: PETER A ESDALE PD 02/12/2008