2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90297 029 ***150.00

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1. Entity Name
COASTAL FLOORS, INC.

Principal Place of Business	Mailing Address
COASTAL FLOORS INC 5334 GULF DRIVE NORTH HOLMES BEACH, FL 34217 US	COASTAL FLOORS INC 5334 GULF DRIVE NORTH HOLMES BEACH, FL 34217 US

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2208 60th Drive East Suite, Apt. #, etc.
City & State	Bradenton, FL 34203 City & State
Zip / Country	34203 / USA Zip / Country

4. FEI Number 65-0942105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUCCI, THOMAS M 5334 GULF DRIVE NORTH HOLMES BEACH, FL 34217	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCCI, THOMAS M 5334 GULF DRIVE NORTH HOLMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUCCI, NORA K 5334 GULF DR N HOLMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUCCI, THOMAS M., JR. 5334 GULF DRIVE NORTH HOLMES BEACH, FL 34217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Thomas M Bucci Jr. Thomas M. Bucci President 4-20-06 (941)426-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #