

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000071659

1. Entity Name
COASTAL FLOORS, INC.



Principal Place of Business Mailing Address
2208 60TH DR. E. 2208 60TH DR E
BRADENTON, FL 34203 US BRADENTON, FL 34203 US



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BUCCI, THOMAS M
5334 GULF DRIVE NORTH
HOLMES BEACH, FL 34217

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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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCCI, THOMAS M
STREET ADDRESS	5334 GULF DRIVE NORTH
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	SD
NAME	BUCCI, NORA K
STREET ADDRESS	5334 GULF DR N
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	VP
NAME	BUCCI, THOMAS M JR
STREET ADDRESS	5334 GULF DR N
CITY-ST-ZIP	BRADENTON BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #