


FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90101 042 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000076953			
1. Entity Name FLORIDA COASTAL REALTY, INC.			
Principal Place of Business 6302 RIVERSIDE DRIVE YANKEETOWN, FL 34498		Mailing Address PO BOX 5 YANKEETOWN, FL 34498	
2. Principal Place of Business 20023 PENNSYLVANIA AVE		3. Mailing Address 20023 PENNSYLVANIA AVE	
Suite, Apt. #, etc. AVENUE		Suite, Apt. #, etc.	
City & State DUNNELLON FL		City & State DUNNELLON FL	
Zip 34430	Country USA	Zip 34430	Country USA
6. Name and Address of Current Registered Agent WALTERS, KAY S 11588 N CARIBEE PT. INGLIS, FL 34449		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D WALTERS, KAY S 11588 N CARIBEE PT. INGLIS, FL 34449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALTERS, R N 11588 N CARIBEE PT INGLIS, FL 34449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kay S Walters</i>		KAY S WALTERS 4/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50011183



03242006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3587777 Applied For
Not Applicable

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