

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90007 035 \*\*\*150.00

**DOCUMENT # S21929**

1. Entity Name  
**COASTAL PAINTING & WATERPROOFING INC.**



Principal Place of Business  
**1471 SW 30TH AVE. #6**  
**DEERFIELD BEACH, FL 33442**

Mailing Address  
**C/O DUBROW & DUKER**  
**2832 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL 33071**

60021000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**65-0239777**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**DUBROW & DUKER**  
**2832 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL 33071**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  Delete  
 NAME **BRUNETTO, TONY**  
 STREET ADDRESS **1471 SW 30TH AVENUE #6**  
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **VP**  Delete  
 NAME **LEMIN, SHANE**  
 STREET ADDRESS **1471 SW 30TH AVENUE #6**  
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE  Delete

TITLE  Delete

TITLE  Delete

TITLE  Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/19/07** Daytime Phone **(954) 427-1994**