


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # S51469 1. Entity Name COASTAL PAINTING AND WATERPROOF COATINGS, INC.	
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Principal Place of Business
**4746 SOUTH PENINSULA
PONCE INLET, FL 32127 US**

Mailing Address
**4746 SOUTH PENINSULA
PONCE INLET, FL 32127 US**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3067070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWICK, LINDA J
4746 SOUTH PENINSULA DRIVE
PONCE INLET, FL 32127**

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000124803

04/22/04-60058-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWICK, GARY P.
STREET ADDRESS	4746 SOUTH PENINSULA
CITY- ST- ZIP	PONCE INLET, FL
TITLE	S
NAME	SWICK, LINDA J
STREET ADDRESS	4746 SOUTH PENINSULA DRIVE
CITY- ST- ZIP	PONCE INLET, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gary P. Swick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

386 767-0856
Daytime Phone #