## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # F05000002473**

1. Entity Name

CTCO/COASTAL TRANSPORT CO., INC.



Principal Place of Business

1603 ACKERMAN ROAD SAN ANTONIO, TX 78219 Mailing Address

1603 ACKERMAN ROAD SAN ANTONIO, TX 78219

## **FILED** Jul 22, 2008 08:00 AM Secretary of State



07142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 73-1342922

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324

## DO NOT WRITE 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 alguature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	to by coptenion 12, 20	,	ĺ	
10.	OFFICER	RS AND DIREC	CTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ATWELL, RICHARD A 689 FM 2093 FREDERICKSBURG, TX	78624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, JERRY E 1401 RIVER OAKS RD- ABILENE, TX-77006	3403 S	y F. Prichard andy Forks	
THLE NAME STREET ADDRESS CHTY-ST-ZIP	VT BRAATEN, THOMAS R 2314 BROADGREEN MISSOURI CITY, TX 7748	<b></b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE ATWELL, RICHAR 689 FM 2093 FREDRICKSBURG, TX 78			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, TIMOTHY J 1900 PEARL STREET AUSTIN, TX 787055408			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>	· · · · · ·	

DO NOT WRITE IN THIS SPACE

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 suppliemental 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 of 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:

(210) 661-4287