

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097228

**FILED**  
**Jan 25, 2004**  
**Secretary of State**

**Entity Name:** COASTAL AUTOMOTIVE & DIESEL SERVICE, INC.

**Current Principal Place of Business:**

215 STATE ROAD 16  
SAINT AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

232 STATE ROAD 16  
SAINT AUGUSTINE, FL 32084 US

**Current Mailing Address:**

382 HILL STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

232 STATE ROAD 16  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 59-3677768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, LINDA J  
382 HILL STREET  
ST. AUGUSTINE, FL 32084

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ANDERSON, LINDA J  
Address: 382 HILL STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SVD ( ) Delete  
Name: ANDERSON, JOHN S  
Address: 382 HILL STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ANDERSON

PTD

01/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date