2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90003 024 ***150.00

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1. Entity Name
COAST LINE MOVING & STORAGE INC.

Principal Place of Business	Mailing Address
~~6308 GAINSBORO DR~~ ~~PORT RICHIE, FL 34668~~	~~6308 GAINSBORO DR~~ ~~PORT RICHIE, FL 34668~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12023 Buckingham Way	12023 Buckingham Way
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Spring Hill, FL	City & State: Spring Hill FL
Zip: 34609 Country:	Zip: 34609 Country:

4. FEI Number: 56-2316699 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIMNEOS, GEORGIOS
~~6308 GAINSBORO DR~~
~~PORT RICHIE, FL 34668~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 12023 Buckingham Way
City: Spring Hill FL Zip Code: 34609

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LIMNEOS, GEORGIOS		NAME	
STREET ADDRESS	6308 GAINSBORO DR		STREET ADDRESS	12023 Buckingham Way
CITY-ST-ZIP	PORT RICHIE, FL 34668		CITY-ST-ZIP	Spring Hill, FL 34609
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] Georgios Limneos, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #