## → 2005 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P03000089313

Entity Name

COASTAL ENTERPRISES OF NW FLORIDA, INC.



Principal Place of Business

980 PINOAK LN

CANTONMENT, FL 32533

Mailing Address

980 PINOAK LN

CANTONMENT, FL 32533

### FILED Apr 13, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2212170

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTLEY, JEANETTE 980 PINOAK LN CANTONMENT, FL 32533

SIGNATURE:

# 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   |   |                                  |  |   |
|--|---|----------------------------------|--|---|
|  | Supporture typed or printed name of registered agent and tale     | applicable. [NOTE Registered     | Agent signature required when reinstating) | DATE                                      |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.   |   | sing \$5.00 May Be Added to Fees |  |   |
| 10.  | OFFICERS AND DIREC  | TORS                             |  |   |
| THE NAME<br>STREET ADDRESS<br>CDY-ST-ZIP   | PD<br>DEATON, DANNY C<br>980 PINOAK LN<br>CANTONMENT, FL 32533    |                                  |  |   |
| name<br>Name<br>Street address<br>City-St-Zip  | STD<br>MATSON, GREGORY N<br>980 PINOAK LN<br>CANTONMENT, FL 32533 |                                  |  | 000000302424<br>04/13/05-80071-013 150.00 |
| itice<br>Name<br>Sireet address<br>City-ST-ZIP   |   |                                  | DO   | NOT WRITE                                 |
| Title<br>Name<br>Sireet address<br>City-St-Zip   |   |                                  |  | THIS SPACE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                  |  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                  |  |   |
| 12. Thereby certify that the information supplied with this filling 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 of 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 of |   |                                  |  |   |