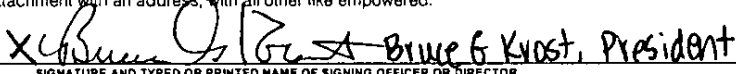


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90025 047 ***150.00

DOCUMENT # P03000130889			
1. Entity Name COASTAL LIGHTING & SUPPLY, INC.			
Principal Place of Business 4540 SOUTHSIDE BOULEVARD #601 JACKSONVILLE, FL 32216		Mailing Address 4540 SOUTHSIDE BOULEVARD #601 JACKSONVILLE, FL 32216	
2. Principal Place of Business 472 Alsey Drive Suite, Apt. #, etc.		3. Mailing Address 472 Alsey Drive Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32073		Zip 32073	
Country		Country	
4. FEI Number 20-0408167		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SRIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: Bruce G. Krost Street Address (P.O. Box Number is Not Acceptable): 472 Alsey Drive City: Orange Park FL Zip Code: 32073	
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: 		Bruce G. Krost, President	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE: X July 6, 2006		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KROST, BRUCE G 4540 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROST, ELIZABETH S 4540 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Bruce G. Krost, President	
Signature and typed or printed name of signing officer or director		Date: X July 6, 2006 204-4007	