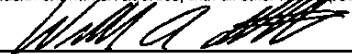


FILED
May 02, 2005 8:00 am
Secretary of State

03-10-2005 90157 011 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000144592			
1. Entity Name COASTAL ENTERPRISES OF PASCO, INC.			
Principal Place of Business 8232 AQUILA ST PORT RICHEY, FL 34668		Mailing Address 8232 AQUILA ST PORT RICHEY, FL 34668	
2. Principal Place of Business 8354 Boyce CT Suite, Apt. #, etc.		3. Mailing Address 8354 Boyce CT Suite, Apt. #, etc.	
City & State New Port Richey, FL Zip 34654 Country Pasco		City & State New Port Richey, FL Zip 34654 Country Pasco	
4. FEI Number 55-0853778		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PLATTENBURG, WILLIAM A 8232 AQUILA ST PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8354 Boyce CT City New Port Richey FL Zip Code 34654	
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 _____ (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 Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLATTENBURG, WILLIAM A 8232 AQUILA ST PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8354 Boyce CT New Port Richey, FL 34654 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 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: 		3-7-05 727-992-2455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66014730

