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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.

66014758

Principal Place of Business	Mailing Address
8232 AQUILA ST PORT RICHEY, FL 34668	8232 AQUILA ST PORT RICHEY, FL 34668

02282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8354 BOYCE CT		8354 BOYCE CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New Port Richey, FL		City & State: New Port Richey, FL	
Zip: 34654	Country: Pasco	Zip: 34654	Country: Pasco

4. FEI Number: 55-0853778 ☐ Applied For ☐ Not Applicable

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

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: [signature] 3-7-05 727-992-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #