

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000144592 1. Entity Name COASTAL ENTERPRISES OF PASCO, INC.	
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Principal Place of Business 8354 BOYCE CT NEW PORT RICHEY, FL 34654	Mailing Address 8354 BOYCE CT NEW PORT RICHEY, FL 34654
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DO NOT WRITE IN THIS SPACE

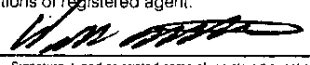


01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0853778	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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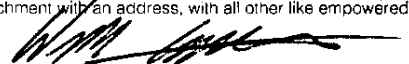
6. Name and Address of Current Registered Agent PLATTENBURG, WILLIAM A 8354 BOYCE CT PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  1-31-08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000812762 02/12/08-80061-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLATTENBURG, WILLIAM A 8354 BOYCE CT NEW PORT RICHEY, FL 34654
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  1-31-08 727-992-2455 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *
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