

ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 383528 1. Entity Name COASTLINE VENDING, INC. |  |
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|--|--|
| Principal Place of Business 4221 NE 27TH AVE LIGHTHOUSE POINT FL 33064 | Mailing Address 4221 NE 27TH AVENUE LIGHTHOUSE POINTE FL 33064 |
|--|--|



| | | |
|--|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| | | Country |

1st MOORE CR2E034 (10/06)

| | |
|---|---|
| 4. FEI Number 59-1354731 | Applied For <input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| NOBLE, RICHARD D 4221 NE 27TH AVENUE LIGHTHOUSE POINTE FL 33064 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | PD NOBLE, PATRICIA 4221 NE 27TH AVENUE LIGHTHOUSE POINTE FL 33064 | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> 02/16/07-80006-011 150.00 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |
| | Delete <input type="checkbox"/> | | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |
| | Delete <input type="checkbox"/> | | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |
| | Delete <input type="checkbox"/> | | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |
| | Delete <input type="checkbox"/> | | Change <input type="checkbox"/> Add <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Patricia Noble* DATE *02/16/07*