

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 046 ***150.00

DOCUMENT # 405269

1. Entity Name
COASTAL STATES INDUSTRIES, INC.



Principal Place of Business Mailing Address

**1600 PARKWOOD CIRCLE
 SUITE 400
 ATLANTA, GA 30339 US**

**1600 PARKWOOD CIRCLE
 SUITE 400/ATTN: TAX DEPT.
 ATLANTA, GA 30339 US**

400200



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1400747

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO JONES, CHERYL C 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS DOBSON, NAOMI 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XV BINDEMAN, MICHAEL S 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FRIEDLANDER, SCOTT E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCNEESE, JACK L 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS MOORE, WILLIAM E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339

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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: Jack L. McNeese Date: 2/13/06 Daytime Phone #: 770 438 9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR