

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

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



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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**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: Jack L. McNeese Jack L. McNeese 2/13/06 770 438 9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #