

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 498608

1. Entity Name
COASTAL STEEL, INC.



Principal Place of Business

**586 THORPE ROAD
ORLANDO, FL 32824**

Mailing Address

**P.O. BOX 593605
ORLANDO, FL 32859-3605**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1662541

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COXWELL, PHILLIP
480 RIVER MOORING DRIVE
MERRITT ISLAND, FL 32953**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COXWELL, PHILLIP V
STREET ADDRESS 480 RIVER MOORINGS DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE VSD
NAME HOLMES, GREGORY T
STREET ADDRESS 5465 FISHTAIL PALM AVE.
CITY-ST-ZIP COCOA, FL 32926

TITLE VD
NAME COXWELL, DALE P
STREET ADDRESS 750 N. ATLANTIC, UNIT 603
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000367395
05/17/05-80003-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Phillip Coxwell

4/28/2005

Date

407 447-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone