

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90392 030 \*\*\*150.00

**DOCUMENT # 680820**

1. Entity Name

COAST PUMP & SUPPLY CO., INC.



Principal Place of Business

610 GROVELAND AVENUE  
VENICE FL 34292-2613

Mailing Address

610 GROVELAND AVE.  
VENICE FL 34292  
US

24035021



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2014748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GORDON W  
610 GROVELAND AVE.  
VENICE FL 34292

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PHILLIPS, GORDON W.  
STREET ADDRESS 610 GROVELAND AVENUE  
CITY- ST- ZIP VENICE FL

TITLE S ☐ Delete  
NAME PHILLIPS, HELEN A.  
STREET ADDRESS 610 GROVELAND AVENUE  
CITY- ST- ZIP VENICE, FL 3

TITLE VD ☐ Delete  
NAME PHILLIPS, MATTHEW  
STREET ADDRESS 610 GROVELAND AVE  
CITY- ST- ZIP VENICE FL

TITLE VD ☐ Delete  
NAME PHILLIPS, MARK  
STREET ADDRESS 610 GROVELAND AVE  
CITY- ST- ZIP VENICE FL

TITLE VD ☐ Delete  
NAME PHILLIPS, MITCHELL  
STREET ADDRESS 610 GROVELAND AVE  
CITY- ST- ZIP VENICE FL 34292

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Delbert L. Story  
CITY- ST- ZIP 610 Groveland Ave  
Venice, FL 34285

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON W. PHILLIPS 3/30/04 941-484-3738

Date

Daytime Phone #