


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPS, GORDON W 610 GROVELAND AVE. VENICE FL 34292	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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME PHILLIPS, GORDON W.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVENUE	CITY-ST-ZIP VENICE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE S <input type="checkbox"/> Delete	NAME PHILLIPS, HELEN A.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVENUE	CITY-ST-ZIP VENICE, FL 3	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME PHILLIPS, MATTHEW	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVE	CITY-ST-ZIP VENICE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME PHILLIPS, MARK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVE	CITY-ST-ZIP VENICE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME PHILLIPS, MITCHELL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVE	CITY-ST-ZIP VENICE FL 34292	STREET ADDRESS	CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete	NAME STORY, DELBERT L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 610 GROVELAND AVE	CITY-ST-ZIP VENICE FL 34285	STREET ADDRESS	CITY-ST-ZIP

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: Gordon W. Phillips **GORDON PHILLIPS** **2/23/05** **941-484-3738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #