2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 680820

1. Entity Name
COAST PUMP & SUPPLY CO., INC.

Principal Place of Business	Mailing Address
610 GROVELAND AVENUE VENICE, FL 34285-4613	610 GROVELAND AVE. VENICE, FL 34285 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PHILLIPS, GORDON W.
STREET ADDRESS	610 GROVELAND AVENUE
CITY-ST-ZIP	VENICE, FL
TITLE	S
NAME	PHILLIPS, HELEN A.
STREET ADDRESS	610 GROVELAND AVENUE
CITY-ST-ZIP	VENICE, FL 3,
TITLE	VD
NAME	PHILLIPS, MATTHEW
STREET ADDRESS	610 GROVELAND AVE
CITY-ST-ZIP	VENICE, FL
TITLE	VD
NAME	PHILLIPS, MARK
STREET ADDRESS	610 GROVELAND AVE
CITY-ST-ZIP	VENICE, FL
TITLE	VD
NAME	PHILLIPS, MITCHELL
STREET ADDRESS	610 GROVELAND AVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/08-80037-012 150.00

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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: GORDON W. PHILLIPS Jan 23, 08 941-484-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #