

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000002927

1. Entity Name  
COASTAL INTERNATIONAL SECURITY, INC.



Principal Place of Business  
1197 SPRING AVENUE., STE B  
SURFSIDE BEACH, SC 29575

Mailing Address  
1197 SPRING AVENUE., STE B  
SURFSIDE BEACH, SC 29575

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
57-0940973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARZELLO, GARY  
330 - 24TH ST.  
MARATHON, FL 33050

**DO NOT WRITE  
IN THIS SPACE**

6. 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	P
NAME	HURT, JEANETTE I
STREET ADDRESS	1197 SPRING AVENUE., STE B
CITY-ST-ZIP	SURFSIDE BEACH, SC 29575
TITLE	VS
NAME	HURT, PAUL M
STREET ADDRESS	1197 SPRING AVENUE., STE B
CITY-ST-ZIP	SURFSIDE BEACH, SC 29575
TITLE	T
NAME	KHALSA, SIRI KARM KAUR
STREET ADDRESS	7 INFINITY LOOP
CITY-ST-ZIP	ESPANOLA, NM 87532
TITLE	D
NAME	KHALSA, DAYA S
STREET ADDRESS	7 INFINITY LOOP
CITY-ST-ZIP	ESPANOLA, NM 87532
TITLE	D
NAME	KHALSA, SOPURKH K
STREET ADDRESS	7 INFINITY LOOP
CITY-ST-ZIP	ESPANOLA, NM 87532
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000498707  
04/22/06-80105-016 150.00

**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. **SIRI KARM KAUR KHALSA, TREASURER**

SIGNATURE:

*Siri Karm Kaur Khalsa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06 (SOS) 753-7832

Date

Daytime Phone #