


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005027</b>	
1. Entity Name COASTAL CONSTRUCTION, INC. OF ROCHESTER	

Principal Place of Business 301 GRANT STREET EAST ROCHESTER, NY 14445	Mailing Address 301 GRANT STREET EAST ROCHESTER, NY 14445
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1500384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHANE, JOHN A 17390 SE 74TH NETHERCLIFT TERRACE THE VILLAGES, FL 32162	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000165083 07/09/04-80016-002 558.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHANE, MICHAEL P 301 GRANT STREET EAST ROCHESTER, NY 14445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHANE, JOHN A 301 GRANT STREET EAST ROCHESTER, NY 14445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHANE, JOANN M 301 GRANT STREET EAST ROCHESTER, NY 14445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: <i>JoAnn M. Shane</i> (JoAnn M. Shane) 7/7/04 585385	Daytime Phone # 0550
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