

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005124

1. Entity Name

COASTAL INDUSTRIAL PRODUCTS COMPANY



Principal Place of Business

8007 FL- GA HWY
HAVANA, FL 32333

Mailing Address

P.O. BOX 1128
HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE



03172006 No Chg-F CR2E034 (11/05)

4. FEI Number

56-1274448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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, 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 PD
NAME ROCKWOOD, THOMAS W
STREET ADDRESS P.O. BOX 1128
CITY-ST-ZIP HAVANA, FL 32333

TITLE VD
NAME EVANS, THOMAS D
STREET ADDRESS P.O. BOX 829
CITY-ST-ZIP WELDON, NC 27890

TITLE TS
NAME STRANGE, MARILYN
STREET ADDRESS P.O. BOX 1128
CITY-ST-ZIP HAVANA, FL 32333

TITLE D
NAME LUZAK, KEVIN M
STREET ADDRESS P.O. BOX 1128
CITY-ST-ZIP HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

Marilyn M. Strange *Marilyn M. Strange* 3/17/06 539-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #