


01-5565-710/50615 \$75
01-0565-710/50615 \$75
**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

P FLDC

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 044 ***150.00

DOCUMENT # F03000005124 1. Entity Name COASTAL INDUSTRIAL PRODUCTS COMPANY	
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Principal Place of Business 8007 FL- GA HWY HAVANA, FL 32333	Mailing Address P.O. BOX 1128 HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1274448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCKWOOD, THOMAS W P.O. BOX 1128 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, THOMAS D P.O. BOX 829 WELDON, NC 27890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STRANGE, MARILYN P.O. BOX 1128 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZAK, KEVIN M P.O. BOX 1128 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marilyn M Strange 1/22/08 850-539-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #