


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

PFLDC

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



Principal Place of Business Mailing Address
 8007 FL- GA HWY P.O. BOX 1128
 HAVANA, FL 32333 HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 56-1274448 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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