

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000000101

1. Entity Name
COASTAL MARINE PRODUCTION LIMITED COMPANY



Principal Place of Business
HAVEN COURT, 5 LIBRARY RAMP
GIBRALTAR, PENSACOLA, FL 32507

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

03012005 Chg-P CR2E034 (10/03)

4. EEL Number
98-0445957 Applied For
Not Applicable

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

| | |
|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City FL Zip Code | |

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

| | | | | |
|--|---|---|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HAVEN DIRECTORS LIMITED HAVEN COURT, 5 LIBRARY RAMP GIBRALTAR. | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HAVEN SECRETARIES LIMITED HAVEN COURT, 5 LIBRARY RAMP GIBRALTAR, | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Douglas E. Wager*

3-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 22, 2005 8:00 am
Secretary of State**

03-22-2005 90010 027 ***150.00