


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 039 ***158.75

DOCUMENT # F05000002473			
1. Entity Name CTCO/COASTAL TRANSPORT CO., INC.			
Principal Place of Business 1603 ACKERMAN ROAD SAN ANTONIO, TX 78219		Mailing Address 1603 ACKERMAN ROAD SAN ANTONIO, TX 78219	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C ATWELL, RICHARD A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, RICHARD A	NAME	
STREET ADDRESS	689 FM 2093	STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG, TX 78624	CITY-ST-ZIP	
TITLE	P MATTHEWS, JERRY E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JERRY E	NAME	
STREET ADDRESS	1401 RIVER OAKS RD	STREET ADDRESS	
CITY-ST-ZIP	ABILENE, TX 77096	CITY-ST-ZIP	
TITLE	V MCDONALD, MALORY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, MALORY	NAME	
STREET ADDRESS	5706 JASON	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77096	CITY-ST-ZIP	
TITLE	VT BRAATEN, THOMAS R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAATEN, THOMAS R	NAME	
STREET ADDRESS	2314 BROADGREEN	STREET ADDRESS	
CITY-ST-ZIP	MISSOURI CITY, TX 77489	CITY-ST-ZIP	
TITLE	D BLAKE ATWELL, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE ATWELL, RICHARD	NAME	
STREET ADDRESS	689 FM 2093	STREET ADDRESS	
CITY-ST-ZIP	FREDRICKSBURG, TX 78624	CITY-ST-ZIP	
TITLE	D HERMAN, TIMOTHY J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, TIMOTHY J	NAME	
STREET ADDRESS	1900 PEARL STREET	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 787055408	CITY-ST-ZIP	
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: <i>Thomas R Braaten VP/CFD</i>		Date: 3/23/2007 Daytime Phone #: (210)661-4287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	