

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006087

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: COASTAL DISTRIBUTION CENTER, INC.

## Current Principal Place of Business:

1512 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

1512 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

FEI Number: 51-0550307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNEIDER, BRIAN  
1512 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

D'APOLITO, MICHAEL  
1512 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: MICHAEL D'APOLITO

01/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: D'APOLITO, MICHAEL  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VCST ( ) Delete  
Name: D'APOLITO, STACY  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD ( ) Delete  
Name: SCHNEIDER, BRIAN  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: D'APOLITO, MICHAEL  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: PD (X) Change ( ) Addition  
Name: D'APOLITO, STACY  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST (X) Change ( ) Addition  
Name: STEVE, D'APOLITO  
Address: 1512 SE VILLAGE GREEN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY D'APOLITO

PRES

01/28/2008

Electronic Signature of Signing Officer or Director

Date