

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 003 ***150.00

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1. Entity Name
COASTAL FOODS, INC.



Principal Place of Business
PO BOX 23099
KNOXVILLE, TN 37933-1099 US

Mailing Address
PO BOX 23099
KNOXVILLE, TN 37933-1099 US

34040477



2. Principal Place of Business
10242 Kingston Pike
Suite, Apt. #, etc.

3. Mailing Address
10242 Kingston Pike
Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State
Knoxville TN
Zip 37922 Country US

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Knoxville TN
Zip 37922 Country US

4. FEI Number
62-1560228
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACASKILL, JOHN D
1416 CEDAR BAY LANE
SARASOTA, FL 34231

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME POWELL, RICHARD C ☐ Delete
STREET ADDRESS 10242 KINGSTON PIKE
CITY-ST-ZIP KNOXVILLE, TN 37922

TITLE ST
NAME BYARS, BEVERLY ☐ Delete
STREET ADDRESS 10242 KINGSTON PIKE
CITY-ST-ZIP KNOXVILLE, TN 37922

TITLE D
NAME LUDWIG, CLARENCE J ☐ Delete
STREET ADDRESS 221 VESTAVIA DR
CITY-ST-ZIP VENICE, FL 34292

TITLE D
NAME MACASKILL, JOHN D ☐ Delete
STREET ADDRESS 1416 CEDAR BAY LANE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE: Beverly A Byars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04
Date

865-531-0505
Daytime Phone #