


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004253	
1. Entity Name COASTAL COOPERAGE, INC.	

Principal Place of Business 3566 COMMUNITY ROAD BRUNSWICK, GA 31520	Mailing Address 3566 COMMUNITY ROAD BRUNSWICK, GA 31520
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1370264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARST, THOMAS H JR 4339 LAKE WOOD BOURNE DR. JACKSONVILLE, FL 32217	
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**DO NOT WRITE
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 _____

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, HOLLY 120 DUNBARTON DR. SAINT SIMONS ISLAND, GA 31522
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, FARRIS W 120 DUNBARTON DR. SAINT SIMONS ISLAND, GA 31522
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IN THIS SPACE**

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: Wayne Thompson, President Wayne Thompson 912-267-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1-14-05