



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F97000005645</b> 1. Entity Name <b>COASTAL FOREST RESOURCES COMPANY</b>				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">05 SEP 26 PM 3:14</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>PO BOX 829 WELDON, NC 27890</b>		Mailing Address <b>PO BOX 829 WELDON, NC 27890</b>			
2. Principal Place of Business		3. Mailing Address <div style="font-size: 1.2em;">PO Box 1128</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <div style="font-size: 1.2em;">Havana, FL</div>		City & State <div style="font-size: 1.2em;">Havana, FL</div>			
Zip <div style="font-size: 1.2em;">32333</div>		Country <div style="font-size: 1.2em;">Cuba</div>		4. FEI Number <b>56-1274448</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <div style="font-size: 1.2em;">same</div> Street Address (P.O. Box Number is Not Acceptable) City <div style="font-size: 1.2em;">FL</div> 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 <div style="font-size: 1.2em;">same</div> <span style="float: right;">9-16-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MARTIN, LINDA S 1772 TRUEBLOOD ROAD WELDON, NC 27890	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec/Treasurer Marilyn M. Strange 8007 FL-GA Hwy Havana, FL 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARRINGER, P. B. II 1772 TRUEBLOOD ROAD WELDON, NC 27890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060060387 09/29/05--01012--025 **159.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS CAMPOLL, H. WILLIAM 1772 TRUEBLOOD ROAD WELDON, NC 27890	<input checked="" 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	SD WARRICK, BRAD 1772 TRUEBLOOD ROAD WELDON, NC 27890	<input checked="" 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	PD BARRINGER, VICTOR C 1772 TRUEBLOOD ROAD WELDON, NC 27890	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres Thomson W. Rockwood 8007 FL-GA Hwy Havana, FL 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <div style="font-size: 1.2em;">Marilyn M. Strange</div> <span style="float: right;">9-16-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

850-539-6432  
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