2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 Al Secretary of State DOCUMENT # G16110 1. Entity Name COASTAL WIPERS, INC. Principal Place of Business Mailing Address 6803 PARKE EAST BLVD. 6803 PARKE EAST BLVD. TAMPA, FL 33610 TAMPA, FL 33610 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2242868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMILES, GARY H DO NOT WRITE 6803 PARKE EAST BLVD. TAMPA, FL 33161 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 Signature, typed or printed name of registered agent and title if applicable... FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be .9. Election Campaign Finan Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMILES, GARY H. STREET ADDRESS 6803 PARKE EAST BLVD. CITY-ST-ZIP TAMPA, FL U00000776227 VP 01/09/08-80016-001 150.00 SMILES, MICHELLE STREET ADDRESS 3804 FRENEH HORN CT CITY-ST-ZIP RICHMOND, VA 23233 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

.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 accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rege

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP