2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation of the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other two

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SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # G58971 1. Entity Name COASTAL GOURMET SALES, INC. Principal Place of Business__ Mailing Address 5048 GOLF CLUB LANE BRUOKSVILLE FL 34609 5048 GOLF CLUB LANE BROOKSVILLE FL 34609 US US 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2320622 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEASE, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 5048 GOLF CLUB LANE BROOKSVILLE FL 34609 City Zip Code FL 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 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DP TITLE Change Addition Delete NAME PEASE, KENNETH R NAME U00000351875 05/03/05-80005-005 150.00 STREET ADDRESS 5048 GOLF CLUB LANE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34609** CITY-ST-7IP ST Action TITLE ☐ Delete TITLE ☐ Change PEASE, DONNA L. NAME STREET ADDRESS 5048 GOLF CLUB LANE STREET ADDRESS **BROOKSVILLE FL 34609** C11Y - ST - 71F CHY-ST-7/P Delete ☐ Change Adobs. TITLE FEEL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Defete Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7/2 CHTY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete III) F □ Change Andiii mug NAME STREFT ADDRESS STREET ADDRESS CHY-ST-712 CITY-ST-7IP 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

R,

NING OFFICER OR DIRECTOR

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